Office of Governor Tim Walz &
Lt. Governor Peggy Flanagan

January 15, 2025

The Honorable Xavier Becerra
Secretary of the Department of Health and Human Services
Hubert H. Humphrey Building, Room 120F
200 Independence Ave., S.W.
Washington, D.C. 20201

Re: Minnesota's Reentry Section 1115 Demonstration Waiver Application

Dear Secretary Becerra:

I am pleased to submit Minnesota's request for a Medicaid demonstration waiver under section 1115 of the Social Security Act to provide reentry services to people leaving carceral settings. The Reentry demonstration waiver advances a statewide approach to breaking the cycle of incarceration and improves health outcomes for justice-involved individuals.

This initiative addresses three critical challenges: reducing post-release mortality rates, decreasing recidivism, and addressing the persistent health disparities that disproportionately impact formerly incarcerated populations. Through the Reentry waiver, Minnesota will expand both pre-release care planning and Medicaid eligibility and enrollment supports for people returning to the community from incarceration. This demonstration will build on the state's successful efforts to support individuals who are transitioning from carceral settings to the community.

We look forward to working with the Centers for Medicare & Medicaid Services on the approval of this demonstration waiver. If you have questions regarding this request, please contact John Connolly, Assistant Commissioner and State Medicaid Director at John.Connolly@state.mn.us.

Sincerely,

[redacted]

Tim Walz
Governor

Minnesota Reentry Waiver
Application for Section 1115(a) Demonstration Waiver

SUBMISSION DATE: January 16, 2025

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Section I – Overview and Background

Overview

Minnesota's reentry demonstration waiver advances a statewide approach to breaking the cycle of incarceration and improving health outcomes for justice-involved individuals. This initiative tackles three critical challenges: reducing post-release mortality rates, decreasing recidivism, and addressing the persistent health disparities that disproportionately impact formerly incarcerated populations.

Minnesota has an established history of comprehensive release planning and successful reentry programs. This waiver significantly expands our reach by providing targeted Medicaid services to eligible individuals during their final 90-days of incarceration with an intentional connection to community-based services. This pre-release period serves as a crucial window of opportunity to establish continuity of care and strengthen the foundation for successful community reintegration.

The waiver's service model adopts a holistic approach, integrating:

- Case management and reentry coordination.
- Comprehensive substance use disorder treatment.
- Mental health interventions.
- Management of complex and chronic medical conditions.
- Access to prescription medications.

By implementing this model in select prisons and jails as demonstration sites, Minnesota will evaluate its effectiveness before expanding the program across additional carceral facilities. This initiative reflects Minnesota's commitment to evidence-based interventions that not only improve individual health outcomes but also strengthen community well-being by supporting successful transitions from incarceration to community living.

Background

The Minnesota Department of Human Services (DHS) as the State Medicaid Agency will lead this waiver in collaboration with the Minnesota Department of Corrections (DOC) and the human services offices in each of Minnesota's 87 counties. DHS is partnering with leadership from the state's 11 federally recognized American Indian tribal nations to ensure culturally responsive program implementation.

The transition from incarceration to community living represents a period of vulnerability, particularly for individuals managing substance use disorders, behavioral health conditions, or complex medical needs. During this period, gaps in health care continuity often emerge at a time when consistent support and treatment are essential. Minnesota's demonstration waiver addresses these challenges by helping to establish a supportive bridge between carceral settings and community-based services. By improving eligibility and enrollment processes, Minnesota anticipates increasing capacity for release planning services allowing DOC staff to reach more individuals transitioning to the community.

There has been considerable interest in the state to broaden efforts supporting improved outcomes for people transitioning to the community from incarceration. Minnesota has an established advisory body, the Governor's Advisory Council on Opioids, Substance Use, and Addiction. This group, comprised of community leaders, individuals with direct experience with addiction, individuals providing treatment services, and other relevant stakeholders, identified the Reentry waiver as a priority.

Minnesota's Adult Correctional System

Minnesota has 83 county jails and 11 state correctional facilities (commonly referred to as prisons). DOC operates the prison system, primarily for individuals convicted of more serious offenses, and counties operate jails for pretrial detention and shorter sentences.[1] In 2023, approximately 8,200 people were incarcerated in Minnesota.[2]

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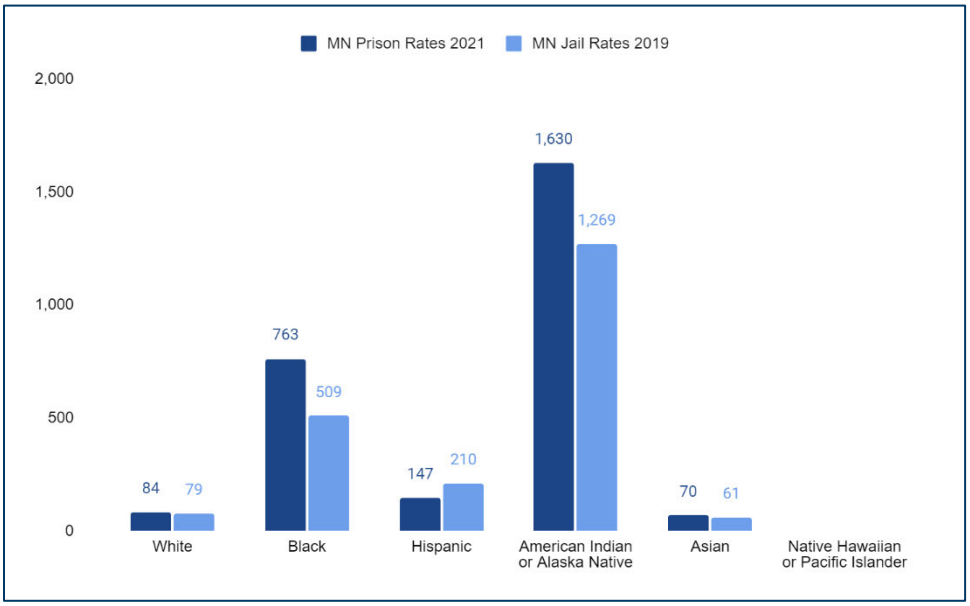
[1] https://tinyurl.com/5x45ehcw

[2] https://mn.gov/doc/assets/2023%20DOC%20Performance%20Report_Accessibility_Final_v2_tcm1089-608441.pdf

Figure 1 provides data showing significant racial disparities. Based on 2021 data for prisons and 2019 data for jails, Black people in Minnesota were incarcerated at 9.1 times the rate of White people, while American Indians were incarcerated at 18.75 times the rate of White people.[3] These numbers reflect substantial systemic inequities between racial groups.

Figure 1: Minnesota Prison and Jail Incarceration Rates per 100,000 State Residents by Race/Ethnicity[4]



Minnesota Initiatives

DOC is a national leader that has successfully implemented several impactful initiatives to support and achieve better outcomes for incarcerated individuals who are transitioning from carceral settings to the community. The reentry demonstration waiver builds off of these initiatives and advances this work. The following are a few examples of these initiatives.

Bridging Benefits

Bridging Benefits is a joint program between DOC and DHS designed to connect people exiting carceral settings with public health insurance, and cash and food assistance programs upon

[3] Minnesota profile | Prison Policy Initiative
[4] Minnesota profile | Prison Policy Initiative

release. DOC case managers and release planners work with individuals to connect them with DHS staff who help process applications for Medicaid.

Minnesota Statewide Initiative to Reduce Recidivism

The Joint Departmental Pilot Initiative was (Pilot) an example of a past successful collaboration between DOC and DHS that was created to identify gaps in the pre-release planning process, reduce recidivism, and better assist people reentering the community after release from a carceral setting. The Pilot was initiated as a part of the Minnesota Statewide Initiative to Reduce Recidivism (MNSIRR) and focused on gaps in the pre-release planning processes that act as barriers to essential services and benefits.

Minnesota Rehabilitation and Reinvestment Act

The Minnesota Rehabilitation and Reinvestment Act (MRRA)[5] was signed into law in 2023 to change the focus from the amount of time people spend in prison to how people spend that time. The MRRA creates incentives for incarcerated people to participate in and make progress toward individualized goals that they help establish when starting their time in the carceral setting, which can result in earlier release. Evaluations of this program found that for every dollar invested, DOC saved $4,600 per person and participants who completed the program were 35% less likely to reoffend.[6]

Release Planning Services

DOC has seen a significant growth in staffing for release planning services. In 2009 there were less than ten release planners. There are currently thirty. DOC has specialized release planning services for incarcerated individuals with the following treatment needs:

- Mental health
- Sexual offending
- Complex and chronic medical

[5] MRRA / Department of Corrections (mn.gov)
[6] Make time count: Pass the Minnesota Rehabilitation and Reinvestment Act - MinnPost

- Substance Use Disorder (SUD)
- Opioid Use Disorder (OUD).

Peer Led Initiatives

DOC recognizes the importance of service delivery to individuals through those with lived experience. DOC currently has two formal peer led initiatives, the Wellness Recovery Action Plan (WRAP)[7] and Certified Peer Recovery Support.

WRAP is a prevention and wellness process used by people in DOC facilities who want to make positive changes in the way they feel and react to life by using a series of tools and action plans. DOC partnered with Wellness in the Woods to provide a peer led WRAP group to incarcerated individuals at four facilities. WRAP helps people to:

- Decrease and prevent intrusive or troubling feelings and behaviors.
- Increase personal empowerment.
- Improve quality of life.
- Achieve personal life goals and dreams.

DOC currently has a grant that allows organizations to provide Certified Peer Recovery Support certification classes to those incarcerated. These formally trained individuals can assist those during incarceration and increase their employability skills upon release. DOC and partners have trained over 120 incarcerated individuals through these grants.

Tattoo Shop

DOC launched a tattoo parlor in one of the prison settings[8] to reduce the spread of bloodborne diseases caused by self-tattooing and create an opportunity for vocational training. There are approximately 100 cases of people diagnosed with hepatitis C in prisons each year with treatment costs reaching up to $75,000 depending on the person's treatment needs. The tattoo

[7] Wellness Recovery Action Plan (WRAP®) — Wellness in the Woods | Mental Health Advocacy (mnwitw.org)
[8] Stillwater Tattoo Parlor: DOC / Department of Corrections (mn.gov)

program helps reduce instances of bloodborne diseases, provides skills training which can be utilized post-release, and has proven to be a positive addition to prison services.

Terms

For purposes of this waiver application the following terms are used in the waiver application.

Demonstration setting means a carceral setting determined by DHS through a readiness review as meeting requirements provided in the waiver. This includes state prisons and local jails.

Inmate means a person who resides or is held involuntarily in a demonstration setting.

Participant means a person who meets the service eligibility criteria to receive services provided while incarcerated, including being enrolled in Minnesota's Medicaid program.

Benefit Set means the Medicaid services covered under the waiver and available to participants.

Federal and State Authority

Federal Authority

Individuals who are in carceral settings may be eligible for and enrolled in Medicaid, but federal Medicaid funds may not be used to pay for services for such individuals while they are incarcerated, except where they are inpatients in a medical institution as provided in federal law[9]. Through this waiver application Minnesota seeks a waiver of this exclusion under section 1115(a) of the Social Security Act (Act). This request is consistent with the direction provided by the Centers for Medicare & Medicaid Services (CMS) in the April 17, 2023, State Medicaid Director Letter (SMDL #23-003)[10], *Opportunities to Test Transition-Related Strategies to Support Community Reentry and Improve Care Transitions for Individuals Who Are Incarcerated*. The CMS guidance was issued based on requirements in section 5031 of the 2018 Substance Use

[9] Qualifying inpatient stays include facilities such as hospitals, nursing homes, psychiatric residential treatment facilities or other medical institutions for an expected duration of 24 hours or more. See 42 CFR 435.1010 (Definitions relating to institutional status) and https://www.medicaid.gov/sites/default/files/Federal-Policy-Guidance/Downloads/sho16007.pdf

[10] SMD #23-003: Opportunities to Test Transition-Related Strategies to Support Community Reentry and Improve Care Transitions for Individuals Who Are Incarcerated (medicaid.gov)

Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act and provided, for the first time, an opportunity for states to use section 1115 authority to secure federal Medicaid funds for services provided to individuals who are incarcerated.

The State Medicaid Director Letter provides a minimum set of services that must be offered through a Section 1115 reentry demonstration. The set of services must be provided to soon-to-be released individuals for at least 30 days and up to 90 days pre-release. Minimum services include:

- Case management to assess and address physical and behavioral health needs and health-related social needs (HRSN).
- Medication assisted treatment (MAT) services for all types of substance use disorder (SUD) as clinically appropriate, with accompanying counseling.
- 30-day supply of all prescription medications that have been prescribed for the participant at the time of release and provided to the participant immediately upon release from the correctional facility.

State Authority

The 2024 Minnesota legislature authorized DHS to request a demonstration waiver under section 1115 of the Act[11] to provide services to support people transitioning from carceral settings effective January 1, 2026. The law provides for a broader set of services than those identified in the State Medicaid Director Letter (SMD #23-003) and permits services to be covered up to 90-days prior to release with an intentional connection to community-based services and continuity of care. The law also calls for partner involvement and requires specific services to be available to participants, including those to treat mental health, chemical health, and complex or chronic medical conditions, in addition to case management and prescription drug coverage. The list of services is covered in Section II (Comprehensive Description, Benefit Set and Rates).

[11] Minnesota Office of the Revisor of Statutes, 93rd Legislature (2023-2024): SF 5335 Conference Committee Report - 93rd Legislature (2023 - 2024) (mn.gov)

Overall Design

Minnesota's Reentry demonstration waiver seeks to bridge the gap for individuals who are otherwise eligible for Medicaid and are reentering the community after incarceration. This is accomplished by providing services prior to release, providing support for Medicaid applications and renewals, and connecting participants to post-release services and supports with a focus on mental health, substance use disorders, and chronic and complex health needs. Further, Minnesota's Reentry waiver seeks to improve health equity and outcomes for people leaving carceral settings, particularly people who have been disproportionately represented in the justice system.

The goals of the waiver are to:

- Increase continuity of coverage;
- Improve access to health care services, including mental health services, physical health services, and substance use disorder treatment services;
- Enhance coordination between Medicaid systems, health and human services systems, correctional systems, and community-based providers;
- Reduce overdoses and deaths following release;
- Decrease disparities in overdoses and deaths following release; and
- Maximize health and overall community reentry outcomes.

Minnesota's waiver application provides the planned program design, demonstration settings included, Medicaid provider requirements, participant eligibility, and budget neutrality calculations. More detailed information about the program design, the settings to be initially included, and operational processes will be provided in the implementation plan that DHS will submit to CMS 120-days following waiver approval. This timing permits more robust engagement from the community and partners.

DHS in partnership with DOC will convene a working group to provide feedback on the waiver and services, including the implementation plan, service evaluation, program monitoring, and reinvestment plan. The working group will have broad representation including people with lived experience and representatives from:

- Tribal Nations
- Community health care providers
- Minnesota Sheriffs' Association
- Minnesota Association for County Social Service Administrators
- Association of Minnesota Counties
- Minnesota Juvenile Detention Association
- Minnesota Office of Addiction and Recovery
- National Alliance on Mental Illness Minnesota
- Minnesota Association of Resources for Recovery and Chemical Health
- Minnesota Alliance of Recovery Community Organizations.

Section II – Comprehensive Description

The purpose of this demonstration is to test the impact of expanded service planning and outreach and enrollment strategies for people returning to the community from incarceration. Currently, DOC provides comprehensive release planning services for specific populations that comprise about one-third of prison population. This demonstration will allow for additional investment for both release planning services and the infrastructure and personnel needed to provide enhanced support for participants' Medicaid application and renewal processes. These supports will help ensure that the eligible population released from jails and prisons have both access to Medicaid coverage and connection with critical services in the community.

DHS will lead program design, working in partnership with DOC, for prison settings and local county authorities for county jails. The waiver demonstration will begin in three prisons and five jails. One of the jail settings will serve significant proportion of Tribal members or American Indians. This setting will be selected through Tribal consultation. Legislative authority is required to expand the number of demonstration settings.

This waiver application focuses on reentry services provided to participants 18 and older. Carceral settings licensed to serve people under age 18 are not included. Individuals who are eligible for juvenile reentry support (as required under section 5121 of the Consolidated Appropriations Act of 2023 (CAA) and who are in a demonstration setting, will receive the

benefits required under the CAA and may also be included under the waiver demonstration if the individual also meets the waiver criteria in Section II (Comprehensive Description). This affects people ages 18 to 21 and those who are eligible as former foster care youth to age 26. More information about the coordination of the services provided under the CAA with those under the waiver will be included in the implementation plan.

The demonstration setting selection process is detailed in the Participating Settings section of this application. All individuals in these settings will be screened to determine their eligibility for program participation based on the clinical and health criteria, see Table 2. For those meeting the criteria and who elect to participate, the demonstration setting will provide case management and release coordination. The setting may elect to provide case management and release coordination to individuals who are not enrolled in Medicaid and not included in the waiver demonstration. Similarly, individuals may apply for or have their Medicaid in a suspended status during incarceration, but not meet the clinical and health criteria to receive the benefits covered by demonstration waiver. These individuals are eligible for Medicaid benefits at the time of release (provided they continue to meet Medicaid eligibility requirements).

For Medicaid-eligible participants who meet the participation criteria for the waiver, including those who may also meet the criteria for services under the CAA reentry service, waiver services and case management will be provided up to 90-days prior to release. This comprehensive approach includes:

- Developing a detailed service plan.
- Providing referrals to appropriate treatment and support services.
- Facilitating transition to community-based case managers or health care providers.

Post-release participants will be eligible for Minnesota's Medicaid State Plan (State Plan) which offers a comprehensive set of benefits. Participants may also qualify for other community-based services and supports such as vocational services, educational programs, etc.

As stated earlier, significant racial disparities exist in incarceration rates and individuals face a high risk of overdose deaths during the first year of release.[12] Services provided through the waiver are expected to reduce recidivism and decrease overdose deaths across all populations released from demonstration settings.

Hypotheses

The waiver demonstration will test three hypotheses. Each is listed in Table 1 along with the primary goal and potential measures for evaluation.

Table 1. Hypotheses, Goals, Potential Measures

Hypotheses	Primary Goal	Potential Measures
By enrolling people in Medicaid during incarceration, the waiver will increase participation in and use of Medicaid services after release.	Access to medical coverage before release.	• Medicaid enrollment and renewals
By standardizing care transitions to the community, the waiver will lead to more consistent follow-up care in the community.	Enhanced reentry care coordination, and community-based services.	• Care coordination and case management claims, especially those with complex conditions and those with high risk of recidivism • Consistency of treatment claims within diagnosis post-release • Disaggregate data for equity impacts
Coordinating access to community-based chemical health treatment and supports will reduce overdoses.	Reduction in overdose and deaths following release.	• Non-fatal overdoses • Fatal overdoses • Emergency room or inpatient Medicaid claims

[12] Healthcare access for individuals exiting incarceration

Partnerships and Outreach

DHS conducted extensive outreach and developed robust partnerships. In tandem, the state's Office of Addiction and Recovery (OAR) has engaged in similar outreach. DHS and OAR have worked in conjunction to design Minnesota's Reentry waiver. The state's reentry concept was initially shared with legislators in the 2023-2024 legislative session. During that time, the proposal was shared with a variety of community partners including Hennepin Healthcare, Recovery Policy Alliance, the Minnesota Association of County Social Service Administrators (MACSSA), Tribal Nations, Minnesota Association of Resources for Recovery and Chemical Health (MARRCH), Minnesota Alliance of Rural Addiction Treatment Programs (MARATAP), and local National Alliance on Mental Illness (NAMI). OAR is engaged with community partners related to identifying, analyzing, and reporting on gaps in behavioral health services for those that are exiting incarceration.

DHS and OAR have engaged with several partners and people with lived experience to inform the development of the Reentry waiver. Outreach and contact with the following groups is ongoing.

Associations

- Minnesota Indian Affairs Council (MIAC)
- Minnesota Urban Indian Directors (MUID)
- Minnesota Association of County Social Service Administrators (MACSSA)
- Association of Minnesota Counties (AMC)
- Minnesota Association of Resources for Recovery and Chemical Health (MAARCH)
- Minnesota Medical Association (MMA)
- Minnesota Association of Recovery Community Organizations (MARCO)

State and Local Government

- Minnesota Department of Health
- Minnesota Department of Public Safety
- Minnesota Department of Corrections
- Minnesota Association of County Social Service Administrators

- National Association of Counties (NACO)
- County human service directors and staff

Law Enforcement and Corrections

- Hennepin County Sheriffs
- Minnesota Sheriffs Association
- County jail officials and administrators

Health Care and Research

- Hennepin Healthcare (Metropolitan Healthcare System)
- Harvard University Researchers
- Johns Hopkins University Researchers
- Minnesota Opioid Epidemic Advisory Council
- Substance Use Disorder Providers
- Certified Community Behavioral Health Clinic Representatives

Participating Settings

State law identified the number and type of carceral settings to be included.

State-Run Adult Facilities

There will be three state-run prisons: Faribault, Stillwater, and Shakopee. Men reside at the Faribault and Stillwater facilities. Women reside at the Shakopee facility. The settings were determined by DOC.

Locally Run Adult Facilities

There will be four locally run jails. These settings are licensed under Minnesota Statutes, section 241.021, subdivision 1, and will be identified through a process determined in coordination with the Minnesota Sheriffs' Association and the Association of Minnesota Counties. A request for proposal (RFP) process began in November 2024 and the process generally takes six months to complete. DHS will include information about the facilities selected in the implementation plan.

Tribal Facility or Related Facility

There will be one local correctional facility that has an inmate census comprised of a significant proportion of American Indians. Tribal consultation was requested to work with Tribal leaders to identify this facility. DHS' Office of Indian Policy is facilitating the consultation. DHS will include information about the facility selected in the implementation plan.

Juvenile Detention Facility

The authorizing state statute provided for two facilities serving justice-involved children and youth to be included in the waiver demonstration. Due to implementation of the juvenile reentry requirements provided under the CAA, 2023, effective January 1, 2025, DHS plans to seek a legislative clarification to exclude juvenile facilities from this waiver.

Readiness Review

DHS staff will conduct a readiness review of each potential demonstration setting. The readiness review will evaluate the setting's ability to meet the requirements of the waiver. Each carceral setting must complete a self-assessment using a tool provided by DHS. The completed self-assessments will be submitted to DHS and DHS staff will use that document to evaluate the setting's capacity to meet the waiver requirements. To ensure sites meet the requirements, DHS staff will also conduct an on-site readiness assessment.

The details of the readiness review, on-site assessment, and threshold measures to determine readiness will be included in the implementation plan. As part of the readiness evaluation process, the demonstration setting must be able to carry out the following key functions:

- Conducting outreach regarding demonstration waiver services and providing forms for release of information, if applicable.
- Screening to determine inmates' service needs.
- Confirming Medicaid eligibility, reactivating Medicaid coverage, or assisting with applications and renewals, when needed.
- Completing or facilitating completion of assessments for chemical health, mental health, and complex and chronic health conditions as applicable.

- Assuring demonstration services are available in all demonstration settings.
- Completing or facilitating service planning for inmates who, based on their assessments, are eligible for case management and release coordination.
- Developing a comprehensive service plan and making referrals to community-based providers, including case management as applicable.
- Coordinating with community supervision (i.e., parole, probation, etc.) to ensure participants receive all services identified in the pre-release plan.
- Providing a 30-day supply of medications at the time of release.

If the carceral setting does not demonstrate the ability to provide these required functions, DHS will give notice of the areas which the setting is deficient and provide technical assistance to support the setting in meeting the requirements. Settings must meet all the requirements to participate in the demonstration. The implementation plan will provide the timelines, including how far in advance the facility will complete the readiness review and the timelines for DHS to respond. DHS may elect to contract with a vendor to complete or support tasks related to the readiness review.

Service Continuum

The service continuum includes the timeline in which service is available, how waiver participation is determined, comprehensive service planning, and the services available to participants.

Timeline

Medicaid covered waiver services are available to participants up to 90-days prior to release from the demonstration setting. There is no minimum timeline for which the participant must reside in the demonstration setting.

Impacted Beneficiaries – Service Eligibility

All inmates in a demonstration setting will be screened for mental health, substance use, and complex and chronic medical needs using a standardized screening tool(s). Inmates identified

through the screening as requiring further assessment will be assessed. Those that meet all of the following criteria are eligible to receive the services covered under the waiver.

Service Eligibility Criteria

- Be enrolled in or eligible for Medicaid
- Reside in a demonstration setting
- Be within 90-days of release
- Have a qualifying condition as defined in Table 2, Clinical and Health Criteria.

Table 2. Clinical and Health Criteria

Qualifying Condition	Definition
Mental Illness	An individual who receives or is eligible to receive mental health services or medications and meets one of the following criteria: 1) The individual has one or both of the following: a) Significant impairment, where impairment is defined as distress, disability, or dysfunction in social, occupational, or other important activities; AND/OR b) A reasonable probability of significant deterioration in an important area of life functioning. 2) The individual's condition as described in paragraph (1) is due to either of the following: a) A diagnosed mental health disorder, according to the criteria of the current editions of the Diagnostic and Statistical Manual of Mental Disorders and the International Statistical Classification of Diseases and Related Health Problems; OR b) A suspected mental health disorder that has not yet been diagnosed. 3) The individual has a suspected mental health diagnosis that is currently being assessed through either the Patient Health Questionnaire (PHQ-9), Generalized Anxiety Disorder (GAD-7),

	General Health Questionnaire (GHQ), Depression, Anxiety and Stress Scale (DASS-21), or other state approved screening tools.
Substance Use Disorder (SUD)	An individual who either: 1) Meets SUD criteria, according to the criteria of the current editions of the Diagnostic and/or Statistical Manual of Mental Disorders and/or the International Statistical Classification of Diseases and Related Health Problems; OR 2) Has a suspected SUD diagnosis that is currently being assessed through either National Institute of Drug Abuse (NIDA)-modified Alcohol, Smoking and Substance Involvement Screening Test (ASSIST), American Society of Addiction Medicine (ASAM) criteria, or other state approved screening tool.
Chronic Condition or Significant Non-Chronic Clinical Condition	An individual with a chronic condition or a significant non-chronic clinical condition shall have ongoing and frequent medical needs that require treatment and can include one of the following diagnoses, as indicated by the individual, and may be receiving treatment for the condition, as indicated: 1) Active respiratory conditions (examples include chronic obstructive pulmonary disease, emphysema, and others) 2) Diabetes (Type 1 and 2; including any diabetes-related complications like retinopathy or renal disease) 3) Cardiovascular disease (examples include high blood pressure, heart disease, high cholesterol, stroke, those with a history of heart failure or heart attack) 4) Communicable disease (ex. hepatitis, human immunodeficiency virus, tuberculosis, sexually transmitted illnesses, coronavirus and others) 5) Active cancer 6) Advanced liver and/or renal disease 7) Severe chronic pain

	8) Gender-affirming healthcare
Pregnant or Postpartum	A person who is pregnant or postpartum is a person who is either currently pregnant or within the 6-8 weeks postpartum period following the end of the pregnancy.

All individuals who meet the service eligibility criteria, referred to as participants, are eligible for the services listed in Section II (Comprehensive Description, Benefit Set and Rates). The state intends to expand the health and clinical criteria following implementation as informed by monitoring and evaluation data.

Pursuant to the CAA requirements, all Medicaid eligible juveniles residing in a demonstration site will receive required reentry services. As described earlier, these individuals may also receive the more comprehensive benefit set covered under the waiver and extended timeline to access the services (90- versus 30-days) provided they meet the screening and assessment criteria, and the clinical and health criteria.

Comprehensive Care Plan and Service Planning

The management release coordination service, including development of a comprehensive care plan, service planning, and referrals to applicable follow-up services, will be provided to all participants. Details about the case management service and provider qualifications will be described in the implementation plan. The Plan will also include information about participant engagement to encourage and maintain the person's participation in services post-release.

Benefit Set and Rates

Expenditures for Medicaid services up to the 90-days prior to release from the demonstration setting may be covered for participants regardless of how long they were incarcerated at the demonstration setting. Service authorization must be based on the participants' assessed needs for the service and any other applicable service criteria in the State Plan.

Demonstration settings will offer flexibility in service delivery, allowing either facility staff (as Medicaid-enrolled providers) or community providers to furnish waiver services. The flexibility

of this design is necessary due to the unique nature of the settings and variation in provider capacity throughout the state. All providers serving participants must satisfy all state licensing and credentialing requirements and enroll as Medicaid providers. Following release, participants have access to the full Medicaid benefit set and receive service from any qualified provider based on their coverage (provided they meet Medicaid eligibility requirements).

The benefit set provided pre-release includes the services listed below. All services, with the exception of Case Management Reentry Coordination and Physical Health and Wellbeing Screening, are defined in the State Plan and have established rates. Information about the services and coverage is available on DHS' website[13] and in the Minnesota Health Care Provider manual. More information about the Case Management Reentry Coordination and Physical Health and Wellbeing Screening service will be included in the implementation plan.

- Case management
- Prescription drug coverage
- Substance use assessment
- Substance use disorder treatment coordination
- Peer recovery support services
- Substance use treatment
- Mental health diagnostics
- Group and individual psychotherapy
- Mental health peer specialist services
- Family planning, obstetrics and gynecology
- Physical health well-being and screenings.

Provider Requirements

Providers furnishing services in demonstration settings must be enrolled as a Medicaid provider through DHS' provider enrollment process. This includes evaluating the provider meets the requirements to furnish the service(s) based on the state plan requirements.

[13] Program overviews / Minnesota Department of Human Services

Shared Information

Data identifying the participants who are scheduled to be released within 90-days from a demonstration setting will be provided by the demonstration setting to DHS. Participants' Medicaid eligibility information will be provided by DHS to the demonstration setting. Information technology (IT) systems development will be required for this data exchange. Additionally, processes to obtain informed consent from the participants will be developed. The details of these operational processes will be provided in the implementation plan. All information that is shared will meet state and federal data sharing protections, including those related to secure electronic transmission.

Section III – Medicaid Objectives and Goals

Objectives

Section 5032 of the Support Act makes clear that the purpose of the demonstration opportunity is to improve care transitions for individuals who are soon to be released from correctional facilities. This demonstration furthers the objectives of Title XIX of the Act by improving health outcomes of people transitioning to the community from demonstration settings. This will be accomplished by providing services that bridge the transition and support participants prior to and post-release. Several ongoing partnerships will be required to plan and operationalize this work. Key partners include individuals with lived-experience, carceral settings, tribal leadership, counties, and subject matter experts in respective treatment specialties. These relationships take time to establish and will be detailed in the implementation plan.

DHS' objectives align with the goals CMS identified in the State Medicaid Directors letter (SMD#23-003). The objectives along with primary challenges, plans to address the challenge, and measures are in the following tables. More detail will be provided in the implementation plan once meetings with partners and other contributors are underway.

For each of the following seven areas described as overarching demonstration goals in CMS' SMDL #23-003, the state's objective is provided along with the related key challenges, plans to address the challenges, and measures to evaluate the impact of the change.

GOAL 1		
CMS Goal: Increase coverage, continuity of coverage, and appropriate service uptake through assessment of eligibility and availability of coverage for benefits in carceral settings just prior to release.	**DHS Objective to address goal:** Determine Medicaid eligibility and provide application, reactivation, and renewal support prior to release.	
Key Challenges	**Plan to Address**	**Potential Measures**
• Exchange of nonpublic data concerning Medicaid eligibility and inmate release dates. • Coordinating assessments and service planning for participants who are in a demonstration setting less for short time frames. • Time to complete Medicaid enrollment and access to inmate's required verifications, if needed.	• Develop IT system solution for data sharing. This requires design and building systems. • Develop process for participant authorization for data sharing via forms or IT solutions. • Create process to facilitate processing Medicaid applications. • Develop a more efficient or automated method to activate Medicaid for participants whose coverage is suspended.	• Number of people who are Medicaid enrolled prior to release from a demonstration setting. • Number of people who are Medicaid enrolled within 30- and 60-days post release from a demonstration setting.

GOAL 2		
CMS Goal: Improve access to services prior to release and improve transitions and continuity of care into the community upon release and during reentry.	**DHS Objective to address goal:** Share patient health records and care plans to appropriate community partners and make introductions to those community providers prior to release.	
Key Challenges	**Plan to Address**	**Potential Measures**
• Determining the scope of the case management benefit. • Ensuring there is a "warm hand-off" between case managers and service providers. • Transitioning from fee-for-service to managed care, as applicable.	• Program design options are being considered and will be solidified in the implementation plan. • Case manager coordination with the providers identified in the service plan prior to release.	• The number of mental health, chemical health, and medical assessments that occur prior to release. • Number of participants who receive case management services release coordination prior to release.

• Coordinating and completing Medicaid eligibility for participants who are in demonstration settings for less than 15 days. • Coordinating and completing applicable assessments for participants who are in demonstration settings for less than 15 days.	• Use of telemedicine to increase access to providers.	• Number of participants who continue to receive case management services post release. • Community based provider introductions.

GOAL 3	
CMS Goal: Improve coordination and communication between correctional systems, Medicaid systems, managed care plans, and community-based providers.	**DHS Objective to address goal:** Coordinate services between demonstration settings and Medicaid payor systems (fee-for-service and managed care, as applicable) to improve access and continuity of services.

Key Challenges	Plan to Address	Potential Measures
• There are no existing mechanisms for automated case data sharing between demonstration settings, managed care organizations, community providers, and DHS. • Completion of assessments while in the demonstration setting due to limited availability of some provider types, particularly in some regions of the state, short stays in the demonstration setting.	• Possible development of IT systems for data sharing and case communication tools. • Grants to enhance provider services and build provider capacity e.g., funds to add staffing. • Streamlining managed care enrollment.	• Number of participants and when they enrolled in managed care coverage relative to their release.

GOAL 4	
CMS Goal:	**DHS Objective to address goal:**

Increase additional investments in health care and related services, aimed at improving the quality of care for beneficiaries in carceral settings and in the community to maximize successful reentry post-release.	Reinvest the funds generated from Medicaid, for services provided 90-days prior to release to the participants' release dates, for services and supports that supports the state's waiver goals.

Key Challenges	Plan to Address	Potential Measures
• Time to obtain additional information from community partners and people with lived experience to learn more about how the reinvestment money can be most effectively used. Determine how to target certain populations to reduce disparities.	• DHS is seeking additional information for program design options and planning more community engagement. • DHS has a contractor to facilitate a Reentry working group whose membership is outlined in state law. • DHS is planning outreach to providers.	• Data baseline and evaluation metrics will be determined. • Decrease in recidivism in the first-year post release. • Decrease in overdose deaths in the first six months post release.

GOAL 5	
CMS Goal: Improve connections between carceral settings and community services upon release to address physical health, behavioral health, and health-related social needs (HRSN).	**DHS Objective to address goal:** Address each participant's assessed needs following release from incarceration through comprehensive service planning and coordination and linkage to care.

Key Challenges	Plan to Address	Potential Measures
• Participants who have short periods of incarceration and processing Medicaid applications (if required), scheduling assessments, and providing case management services. • Transitioning participants between payor sources and providers e.g., services provided by the demonstration setting, fee-for-service and managed care coverage, and coordination of case	• Consider case management models to assure continuity of care during the transition to community providers. • Providing case management pre- and post- release to provide ongoing coordination of services to address physical, behavioral, and support needs. • Working to streamline Medicaid application processing.	• Decrease in participant overdose deaths six months following release. • Decrease in participant use of emergency department (ED) visits for care that could be scheduled as an out-patient. • Decrease in participant recidivism in the first year post release. • Longer or ongoing participant engagement in applicable treatment (e.g., chemical heath, mental

management services pre- and post-release. • Time to obtain additional information from community partners and people with lived experience to inform how the reinvestment money can be most effectively used.	• State grant funds may be used for counties to develop provider staffing capacity and training for in-reach services. • DHS staff to train on claims submission for new providers. • DHS will determine with community partners how best to target certain populations to reduce disparities.	health, complex or chronic medical needs).

GOAL 6		
CMS Goal: Reduce all-cause deaths in the near-term post-release.	**DHS Objective to address goal:** Reduce participant deaths as measured from carceral release to five years following release.	
Key Challenges	**Plan to address**	**Potential Measures**
• Establishing and maintaining participant engagement post-release. • Participants access to illicit drugs post-release and possible returning to a Returning to "using environment." • Possible limited provider availability (depending on location in the state and service needed). • Provider workforce shortages. • Coordination with employment services. • Need for stable housing.	• Service planning will provide the option of peer-support for participants, as applicable. • Consideration of health related social need supports for e.g., to provide transportation, phones, etc. • Case management coordination of housing services and food supports and coordination of currently available cash or other assistance and support programs. • Case management assistance to access affordable housing. • DHS coordination with and input from the work group	• Time between release and first appoint with managed care coordinator or case manager and other service providers. • Participants on-going contact with case management services, chemical health, mental health, prescription and medical services. • Number of participants with non-fatal overdoses or suicide attempts during the first-year post-release. • Number of participants who die during the first-year post-release and the cause.

	to identify racial disparities in risk of death and methods for better supports. • DHS coordination with the Minnesota state agencies responsible for housing and employment.	

GOAL 7		
CMS Goal: Reduce number of ED visits and inpatient hospitalizations among recently incarcerated Medicaid beneficiaries through increased receipt of preventive and routine physical and behavioral health care.	**DHS Objective to address goal:** During the first year following release, reduce ED and inpatient hospital services for treatment that could be effectively provided via out-patient services.	
Key Challenges	**Plan to Address**	**Potential Measures**
• Participant engagement in case management and other applicable services post release. • Participants who have short periods of incarceration and processing Medicaid applications (if required), scheduling assessments, and providing case management services. • Time to work with community partners and others to determine how to target certain populations to reduce disparities.	• Provide case management and applicable assessments pre-release when possible. • Coordinate with parole or other justice staff that may be involved post release. • Provide a 30-day supply of medications prior to release. • Consider development of a notification process to alert the managed care case manager of an ED visit or hospital admission. • Provide the option of peer recovery services as applicable. • Develop claims coding and edits to manage the waiver benefit set.	• Number of prescriptions participants' filled (compared to authorized) during the first six months following release. • Date of assessment completion, as applicable. • Decrease in participant use of ED visits for care that could be scheduled as an out-patient.

Section IV – Waivers and Expenditure Authorities

Under the authority of section 1115(a)(1) of the Social Security Act (the Act), the following waivers of state plan requirements contained in section 1902(a) of the Act are requested to enable the state to implement the Reentry waiver.

Title XIX Waivers Requested

Title XIX Sections Waived	Requirement	Reason
1902(a)(1)	Statewideness	To enable the state to provide pre-release services, as authorized under this demonstration, to qualifying individuals on a geographically limited basis in accordance with the implementation plan.
1902(a)(10)(B)	Amount, Duration, and Scope of Services and Comparability	To enable the state to provide only a limited set of pre-release services to qualifying individuals that is different than the benefits available to Medicaid beneficiaries in the same eligibility category who are not incarcerated.
1902(a)(23)(A)	Freedom of Choice	To enable the state to require qualifying individuals to receive pre-release services, as authorized under this demonstration, through only certain providers.

Expenditure Authorities

Under the authority of section 1115(a)(2) of the Act, expenditures made by the state for the services and costs related to this waiver, which are not otherwise included as expenditures under section 1903, will be regarded as expenditures under the state's title XIX plan for the period of this waiver. This includes expenditures for pre-release services covered under this waiver and provided to participants up to 90-days prior to release from a demonstration setting and related administrative costs.

All requirements of the Medicaid program expressed in law, regulation, and policy statement, not expressly included in this waiver or identified as not applicable, shall apply to the expenditure authorities.

The state requests expenditure authority under Section 1115 for costs not otherwise matchable related to a variety of activities necessary to support successful transitions from a carceral facility into the community. The activities may include conducting pre-release readiness assessments, improving the eligibility application process, developing eligibility information exchange systems, providing education and training, linking electronic health records, and other activities to be submitted in the implementation plan and reinvestment plan.

Section V – Eligibility and Cost Sharing

Eligibility

Processes to streamline the exchange of data to demonstration settings about beneficiaries' Medicaid status will be provided in the implementation plan. Currently, for people enrolled in Medicaid and in a carceral setting, their Medicaid is suspended. For people who are not enrolled in Medicaid prior to incarceration, process improvements to streamline Medicaid determinations will be included in the implementation plan. The Medicaid eligibility groups included in the Reentry waiver were provided in state law and include those in the following charts.

Eligibility Charts

Mandatory Groups

MAGI Groups	Social Security Act and CFR Citations	Income Level
Parents	1931; 42 CFR 435.110	133% FPL
Pregnant people	1902(a)(10)(A)(III) and (IV); 42 CFR 35.116 and 435.170	278% FPL
Poverty-level children	§1902(a)(10)(A)(i) (VI), and (VII); 42 CFR §435.118	275% FPL
Former Foster Care Children through age 25	1902(a)(10)(A)(i)(IX)42 CFR §435.150	N/A
Non-MAGI Groups		
Mandatory 209(b) Group for SSI recipients, deemed SSI recipients, recipients of state supplements, disabled adult children.	1902(f) and 1902(a)(10)(A)(ii)(I) and 1905(a) 42 CFR 435.121	100% (with disregards)

Optional Groups

MAGI Groups	Social Security Act and CFR Citations	Income Level
Adults without children	1902(a)(10)(A)(i)(VIII) 42 CFR 435.119	133% FPL
Children age 19 and 20	§1902(a)(10)(A)(ii), 1905(a)(i); 42 CFR 435.222	133% FPL
Non-MAGI Groups		
Aged, blind, disabled qualifying for SSI or optional state supplements	1902(a)(10)(a)(ii)(I), (IX)	100% FPL
Disabled child age 19 and 20	1902(a)(10)(A)(ii)(I) and (IV); and 1905(a)(i)	100% FPL
HCBS waiver group (would otherwise be institutionalized)	1902(a)(10)(A)(ii)(VI) 42 CFR 435.217	100% FPL
Reasonable classification of HCBS children	1902(a)(10)(A)(ii); 1905(a)(i)	100% FPL
Medically Needy for ABD	1902(a)(10)(C) 42 CFR 435.322, 435.330	100% FPL
Medically Needy for parents, pregnant persons, children 19 & 20	1902(a)(10)(C)(ii)(II) 42 CFR 435.301, 435.308, 435.310	133% FPL

Enrollment Limits

There are no enrollment limits for people who meet the waiver participation requirements in Section II (Comprehensive Description).

Cost Sharing

No cost sharing applies for services delivered in carceral facilities under this demonstration.

Section VI – Health Care Delivery Systems

Fee-for-Service

Services provided to participants during the 90-days prior to release will be covered fee-for-service. All providers must meet the state's MHCP provider enrollment criteria as described in Section II (Comprehensive Description, Provider Requirements). All fee-for-service claims will be processed through the state's Medicaid Management Information System (MMIS).

Managed Care

A significant portion of participants have Medicaid services provided through managed care plans post-release. Participants are provided a choice of health plans during their enrollment process. Participants who do not select a health plan are auto-assigned using DHS' established process. Participants who are not required to enroll and do not elect to enroll in a managed care plan remain fee-for-service.

The implementation plan will provide more details about the processes the state will use to expedite managed care enrollment and whether contracts with the health plans require amendments. It will also detail how services will be transitioned from fee-for-service to managed care (for people who are enrolled in managed care).

Section VII – Enrollment, Costs, and Budget Neutrality Projections

The hypothetical budget neutrality model is used for the Reentry waiver. Demonstration year (DY) 1 is from January 1, 2026 through December 31, 2026. The budget neutrality workbook is included as Attachment A. Only cost and member months prior to release are included. There will be two Medicaid Expenditure Groups (MEG), one for participants in DOC settings and one for participants in locally run settings. Program implementation is anticipated to begin January 1, 2026 with the six total demonstration settings identified in Section II (Comprehensive Description, Participating Settings). The projections are based on nearly all of the remaining DOC and locally run settings being phased in by demonstration year (DY) three. A summary of the per member per month costs (PMPM) and enrollment projections are in the tables for each MEG below.

Projected participant enrollment for DOC settings was based on a point-in-time count of inmates within 90-days of release in the three identified demonstration settings and anticipated to continue at the same level. Because the four of the local settings will be selected in an RFP process and one will be determined through Tribal consultation, the participant projections were not location specific.

Two different rates of Medicaid participation are expected to apply. The first is for non-disabled adults between the ages of 21 and 65 who are not the custodial parents of minor children (i.e., adults without children). This group has a federal matching rate of 90% for service costs. The second, for all other populations, is the Federal Medical Assistance Percentage rate of 50.68% for federal fiscal year 2026 was used and assumed to remain constant. A different blend of these two rates is assumed for the DOC population versus those local facilities. DOC participants are assumed to be differentiated only by age less than 21 or over 65 years old, with 90% assumed to qualify for the 90% federal matching rate. Of the county and local facility participants, 40% are assumed to have custodial parent status, so 60% of that population was projected to qualify for the 90% federal matching rate.

Table 3. Projections for MEG 1, State Prisons

MEG 1	DY1	DY2	DY3	DY4	DY5
Enrollee Months	2,742	2,742	5,346	5,346	5,346
PMPM Costs	$1,349	$1,389	$1,431	$1,474	$1,518
Total Expenditures	$3,699,284	$3,810,256	$7,651,623	$7,881.180	$8,117,634

Table 4. Projections for MEG 2, Local Jails

MEG 2	DY1	DY2	DY3	DY4	DY5
Enrollee Months	5,154	10,308	16,752	23,196	23,196
PMPM Costs	$1,011	$1,042	$1,073	$1,105	$1,138
Total Expenditures	$5,215,020	$10,742,895	$17,982,602	$25,646,889	$26,416,301

Table 5. Projections for MEGs 1 and 2 Combined

Combined	DY1	DY2	DY3	DY4	DY5
Enrollee Months	7,896	13,050	22,098	28,542	28,542
PMPM Costs	$1,128	$1,115	$1,160	$1,174	$1,209
Total Expenditures	$8,914,304	$14,553,150	$25,634,225	$33,528,069	$34,533,934

IT Systems Costs

Currently, four significant IT systems projects have been identified. Project details will be provided in the implementation plan.

- DHS plans to conduct a Request for Information (RFI) to inform system development for the exchange of eligibility information. DHS seeks to purchase a vendor solution to enable the exchange of eligibility information between carceral settings and DHS.
- DHS, as part of the RFI related to eligibility, will also seek to gather information to inform possible implementation of a cloud-based care coordination platform that would facilitate the exchange of health information, release date, and other data related to services provided to participants. Correctional facilities, providers, and counties would use the platform to facilitate a seamless transition back to community for participants by exchanging relevant care and service information.
- DHS, as part of the RFI, will seek information related to vendor billing solutions. DOC and possibly other carceral settings will need to develop a Medicaid billing system and process that integrates with their electronic health record.
- DHS plans to explore the possibility of using the Minnesota Encounter Alert Service (EAS) to enable the exchange of discharge date information to ensure proper care and services are coordinated upon release.

One-Time Costs

Minnesota has identified items to enhance connections between state prisons, local jails, and Medicaid program operations to support the demonstration project. DHS, DOC, and county officials will work together to determine the amount of time-limited support in the form of federal financial participation required to support service delivery and coordination with community providers. Specific detail regarding the state's request will be included in the implementation plan. Activities may include the following:

- Technology and IT systems needed to support application, enrollment, and the coordination of post-release services.
- Hiring of staff and training to coordinate enrollment, suspension, and the coordination of post-release services.
- Adoption or upgrades of certified electronic health record technology.
- Purchase of billing systems.

- Planning, activities to enhance collaboration, and the development of protocols and procedures.
- Limited capital expenditures to provide space for the provision of pre-release services.

Reinvestment Plan

DHS understands to receive Medicaid funding to cover health care services in carceral settings currently funded by other sources, the state must provide an accompanying agreement showing investment of an equal amount (of those funds). The total amount of federal funds received will be reinvested into activities or initiatives that increase access to or improve the quality of health care services for incarcerated individuals. The state will develop and submit a reentry Demonstration Initiative Reinvestment Plan as part of the implementation plan within 120-days of demonstration approval CMS outlining how funds will be reinvested during the demonstration.

Section VIII – Quality Assurance and Monitoring

Advancing Quality Measures

Table 1, also shown in Section II (Comprehensive Description, Hypotheses), provides the anticipated quality measures for each hypothesis. More detail will be included in the implementation plan based on feedback from the external partner working group, described in Section I (Overview and Background, State Authority).

Table 1: Hypotheses, Goals, Potential Measures

Hypotheses	Primary Goal	Potential Measures
By enrolling people in Medicaid during incarceration, the waiver will increase participation in and use of Medicaid services after release.	Access to medical coverage.	• Medicaid enrollment and renewals
By standardizing care transitions to the community, the waiver	Enhanced reentry care coordination,	• Care coordination and case management claims, especially those with complex

will lead to more consistent follow-up care in the community.	and community-based services.	conditions and those with high risk of recidivism • Consistency of treatment claims within diagnosis post-release • Disaggregate data for equity impacts
Coordinating access to community-based chemical health treatment and supports will reduce overdoses.	Reduction in overdose and deaths following release.	• Non-fatal overdoses • Fatal overdoses • Emergency room or inpatient Medicaid claims

Section IX – Public Notice and Comment Process Section

In this section DHS provides how the requirements for public comment and tribal consultation were met. This is in addition to the community engagement activities and contacts identified in Section II (Comprehensive Description, Partnerships and Outreach).

Tribal Consultation

There are eleven Tribal Nations in Minnesota, seven Anishinaabe reservations and four Dakota communities. The seven Anishinaabe reservations are:

- Gichi-Onigaming/Grand Portage Band of Lake Superior Chippewa
- Zagaakwaandagowininiwag/Bois Forte Band of Chippewa
- Miskwaagamiiwi-Zaagaiganing/Red Lake Nation
- Gaa-waabaabiganikaag/White Earth Nation
- Gaa-zagaskwaajimekaag/Leech Lake Band of Ojibwe
- Nah-gah-chi-wa-nong/Fond du Lac Band of Lake Superior Chippewa
- Misi-zaaga'iganiing/Mille Lacs Band of Ojibwe.

The four Dakota communities are:

- Mdewakanton/Shakopee Mdewakanton Sioux Community
- Tinta Wita/Prairie Island Indian Community
- Cansa'yapi/Lower Sioux Indian Community
- Pezihutazizi Oyate/Upper Sioux Community

While these 11 Tribal Nations frequently collaborate on issues of mutual benefit, each operates independently as a separate and sovereign government entity – a state within a state or nation within a nation. Recognizing American Indian tribes as sovereign nations with distinct and independent governing structures is critical to the work of DHS. DHS recognizes each American Indian tribe as a sovereign nation with distinct and independent governing structures. It is vital for DHS to have strong collaborative relationships with tribal governments. To support this for health and human services programs, DHS has a designated staff liaison in the Medicaid Director's office who is responsible to inform and, as applicable, coordinate Medicaid issues with the 11 Tribal Nations. Furthermore, Minnesota Executive Order 19-24 affirms the Government-to-Government Relationship between the State of Minnesota and Minnesota Tribal Nations.

On November 22, 2024, a letter was sent to all Tribal Chairs, Tribal Health Directors, Tribal Social Services Directors, the Indian Health Service Area Office Director and the Director of the Minneapolis Indian Health Board clinic informing them of DHS' intent to submit the reentry waiver application and inviting feedback. The letter also informed tribal contacts of the public input process and provided a link to the DHS webpage that includes the reentry waiver information. Please refer to Attachment B for a copy of the letter.

Public Notice

A notice requesting public comment on the proposed Reentry waiver application was published in the Minnesota State Register on November 25, 2024. The notice provided information about the 30-day comment period from November 25, 2024 to December 26, 2024 for the draft waiver application and a link to the DHS website with more information. An electronic version of the draft waiver application and a summary was posted on the DHS website on November 22, 2024. The webpage is updated on a regular basis and includes information about the public notice process, opportunities for public input, and provides a link to the waiver application. A copy of the Minnesota State Register Notice is provided as Attachment C.

Public Hearings

A notice providing information about two public hearings concerning the proposed Reform waiver extension application was published in the Minnesota State Register on November 25, 2024. The notice provided information about the meetings seeking state-wide participation. One hearing was held December 10, 2024 in-person at the Minnesota Department of Human Services building located at 540 Cedar Street, St. Paul, Minnesota. The other hearing was held December 11, 2024 via teleconference. Both provided external parties the opportunity to comment on the waiver application. A copy of the Minnesota State Register Notice is provided as Attachment C.

Electronic Mailing Lists

DHS used GovDelivery (an official state government notification system) to inform the public of the draft waiver application. The GovDelivery email listed included county agencies and legislative committee chairs for health and human service committees. It also included various partners who have subscribed. On November 22, 2024, the GovDelivery email was sent providing information about the reentry waiver application and opportunities to provide comments. The email also informed readers that more information was (and is) available on the DHS Federal Health Care Waivers webpage, including a summary of the waiver application. A copy of the GovDelivery is provided as Attachment D.

Additional Public Forums

State Legislative Process

State law enacted in May 2024 required DHS to submit a waiver application to CMS to cover reentry services. The law[14] provides the Medicaid eligibility groups, process to select correctional facilities, duration of pre-release service eligibility, covered services, and provider requirements. There were multiple public hearings addressing the topic during legislative session, and the policy was detailed in the Governor's budget recommendations. The law also

[14] Minnesota Statutes, chapter 256B.076

requires DHS to convene a reentry services workgroup. The workgroup's membership is broad-based and includes people with lived experience. The group is charged with:

- Advising on the waiver application as well as implementation, monitoring, evaluation, and reinvestment plans.
- Recommending strategies to improve processes related to data exchanges.
- Considering expansion of the demonstration to other populations.
- Considering information technology and other implementation needs.
- Recommending ideas to fund expanded reentry services.

Tribal and Urban Indian Health Directors Meeting

The Tribal and Urban Indian Health Directors group provides a regularly scheduled forum for state staff to provide information and to address issues and questions with Tribal leaders. The group includes Tribal Chairs, Tribal Health Directors, Tribal Social Services Directors', and the DHS liaison. Other DHS leaders often participate in the meetings. The Native American Consultant from CMS and state agency staff attend as necessary depending on the topics covered. The DHS liaison attends the Tribal Health Directors Work Group meetings and provides updates on state and federal activities. The liaison arranges for appropriate DHS policy staff to attend the meetings to receive input from Tribal representatives and to answer questions.

Notice of the Reentry waiver application and an overview from program staff of the planned waiver was provided during the Tribal and Urban Indian Health Directors meeting on August 8, 2024 with opportunities for discussion. DHS provided updated information about the waiver application status on November 14, 2024. Please refer to Attachment E for a copy of the Tribal and Urban Indian Health Directors Meeting Agenda.

Comments Received

DHS received several comments regarding the Reentry waiver application during the 30-day comment period from November 25, 2024 to December 26, 2024 and during the public hearings on December 10, 2024 and December 11, 2024. A copy of the comments and the state's responses are provided in Attachment F.

Community and Partner Support

DHS received one letter of support for the Reentry waiver. A copy of this letter is provided in Attachment G.

Section X – Demonstration Administration

The demonstration is managed by the Department of Human Services which is also the State Medicaid Agency.

Contact

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Interim Section 1115 Demonstration Application Budget Neutrality Table Shell

	A	B	C	D	E	F	G
1	**5 YEARS OF HISTORIC DATA**						
2							
3	**SPECIFY TIME PERIOD AND ELIGIBILITY GROUP DEPICTED:**						
4							
5	**Medicaid Pop 1**	**HY 1**	**HY 2**	**HY 3**	**HY 4**	**HY 5**	**5-YEARS**
6	**TOTAL EXPENDITURES**						$ -
7	**ELIGIBLE MEMBER MONTHS**						
8	**PMPM COST**	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
9	**TREND RATES**						**5-YEAR**
10			**ANNUAL CHANGE**				**AVERAGE**
11	TOTAL EXPENDITURE		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
12	ELIGIBLE MEMBER MONTHS		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
13	PMPM COST		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
14							
15	**Medicaid Pop 2**	**HY 1**	**HY 2**	**HY 3**	**HY 4**	**HY 5**	**5-YEARS**
16	**TOTAL EXPENDITURES**						$ -
17	**ELIGIBLE MEMBER MONTHS**						
18	**PMPM COST**	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
19	**TREND RATES**						**5-YEAR**
20			**ANNUAL CHANGE**				**AVERAGE**
21	TOTAL EXPENDITURE		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
22	ELIGIBLE MEMBER MONTHS		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
23	PMPM COST		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
24							
25	**Medicaid Pop 3**	**HY 1**	**HY 2**	**HY 3**	**HY 4**	**HY 5**	**5-YEARS**
26	**TOTAL EXPENDITURES**						$ -
27	**ELIGIBLE MEMBER MONTHS**						
28	**PMPM COST**	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
29	**TREND RATES**						**5-YEAR**
30			**ANNUAL CHANGE**				**AVERAGE**
31	TOTAL EXPENDITURE		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
32	ELIGIBLE MEMBER MONTHS		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
33	PMPM COST		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
34							
35	**Other Data**	**HY 1**	**HY 2**	**HY 3**	**HY 4**	**HY 5**	**5-YEARS**
36	**TOTAL EXPENDITURES**						$ -
37	**ELIGIBLE MEMBER MONTHS**						
38	**PMPM COST**	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
39	**TREND RATES**						**5-YEAR**
40			**ANNUAL CHANGE**				**AVERAGE**
41	TOTAL EXPENDITURE		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
42	ELIGIBLE MEMBER MONTHS		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
43	PMPM COST		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

	A	B	C	D	E	F	G	H	I	J	K
1	**DEMONSTRATION WITHOUT WAIVER (WOW) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS**										
2											
3											
4	**ELIGIBILITY**	**TREND**	**MONTHS**	**BASE YEAR**	**TREND**	**DEMONSTRATION YEARS (DY)**					**TOTAL**
5	**GROUP**	**RATE 1**	**OF AGING**	**DY 00**	**RATE 2**	**DY 01**	**DY 02**	**DY 03**	**DY 04**	**DY 05**	**WOW**
6											
7	**Medicaid Pop 1**										
8	**Pop Type:**	**Medicaid**									
9	Eligible Member Months	#DIV/0!		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
10	PMPM Cost	#DIV/0!	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
11	Total Expenditure					#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
12											
13	**Medicaid Pop 2**										
14	**Pop Type:**	**Medicaid**									
15	Eligible Member Months	#DIV/0!	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
16	PMPM Cost	#DIV/0!	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
17	Total Expenditure					#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
18											
19	**Medicaid Pop 3**										
20	**Pop Type:**	**Medicaid**									
21	Eligible Member Months	#DIV/0!	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
22	PMPM Cost	#DIV/0!	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
23	Total Expenditure					#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
24											
25	**Hypo 1**										
26	**Pop Type:**	**Hypothetical**									
27	Eligible Member Months										
28	PMPM Cost										
29	Total Expenditure					$ -	$ -	$ -	$ -	$ -	$ -
30											
31	**Hypo 2**										
32	**Pop Type:**	**Hypothetical**									
33	Eligible Member Months										
34	PMPM Cost										
35	Total Expenditure					$ -	$ -	$ -	$ -	$ -	$ -

DEMONSTRATION WITH WAIVER (WW) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS

ELIGIBILITY GROUP	DY 00	DEMO TREND RATE	DEMONSTRATION YEARS (DY) DY 01 CY 2026	DY 02 CY 2027	DY 03 CY 2028	DY 04 CY 2029	DY 05 CY 2030	TOTAL WW
Medicaid Pop 1								
Pop Type:	**Medicaid**	**In State custody**						
Eligible Member Months	#DIV/0!							
PMPM Cost	#DIV/0!							
Total Expenditure			$ -	$ -	$ -	$ -	$ -	$ -
Medicaid Pop 2								
Pop Type:	**Medicaid**	**In Local Custody**						
Eligible Member Months	#DIV/0!							
PMPM Cost	#DIV/0!							
Total Expenditure			$ -	$ -	$ -	$ -	$ -	$ -
Medicaid Pop 3								
Pop Type:	**Medicaid**							
Eligible Member Months	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
PMPM Cost	#DIV/0!		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
Total Expenditure			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Hypo 1								
Pop Type:	**Hypothetical**	**State Custody**						
Eligible Member Months			2,742	2,742	5,346	5,346	5,346	
PMPM Cost		3.00%	$ 1,349.12	$ 1,389.59	$ 1,431.28	$ 1,474.22	$ 1,518.45	
Total Expenditure			$ 3,699,284	$ 3,810,256	$ 7,651,623	$ 7,881,180	$ 8,117,634	$ 31,159,977
Hypo 2								
Pop Type:	**Hypothetical**	**Local Custody**						
Eligible Member Months			5,154	10,308	16,752	23,196	23,196	
PMPM Cost		3.00%	$ 1,011.84	$ 1,042.19	$ 1,073.46	$ 1,105.66	$ 1,138.83	
Total Expenditure			$ 5,215,020	$ 10,742,895	$ 17,982,602	$ 25,646,889	$ 26,416,301	$ 86,003,706
Exp Pop 1								
Pop Type:	**Expansion**							
Eligible Member Months								
PMPM Cost								
Total Expenditure			$ -	$ -	$ -	$ -	$ -	$ -
Exp Pop 2								

Pop Type: Expansion							
Eligible Member Months							
PMPM Cost							
Total Expenditure		$ -	$ -	$ -	$ -	$ -	$ -

NOTES

For a per capita budget neutrality model, the trend for member months is the same in the with-waiver projections as in the without-waiver projections. This is the default setting.

Panel 1: Historic DSH Claims for the Last Five Fiscal Years:

RECENT PAST FEDERAL FISCAL YEARS	20__	20__	20__	20__	20__
State DSH Allotment (Federal share)					
State DSH Claim Amount (Federal share)					
DSH Allotment Left Unspent (Federal share)	$ -	$ -	$ -	$ -	$ -

Panel 2: Projected Without Waiver DSH Expenditures for FFYs That Overlap the Demonstration Period

FEDERAL FISCAL YEARS THAT OVERLAP DEMONSTRATION YEARS	FFY 00 (20__)	FFY 01 (20__)	FFY 02 (20__)	FFY 03 (20__)	FFY 04 (20__)	FFY 05 (20__)
State DSH Allotment (Federal share)						
State DSH Claim Amount (Federal share)						
DSH Allotment Projected to be Unused (Federal share)	$ -	$ -	$ -	$ -	$ -	$ -

Panel 3: Projected With Waiver DSH Expenditures for FFYs That Overlap the Demonstration Period

FEDERAL FISCAL YEARS THAT OVERLAP DEMONSTRATION YEARS	FFY 00 (20__)	FFY 01 (20__)	FFY 02 (20__)	FFY 03 (20__)	FFY 04 (20__)	FFY 05 (20__)
State DSH Allotment (Federal share)	$ -	$ -	$ -	$ -	$ -	$ -
State DSH Claim Amount (Federal share)						
Maximum DSH Allotment Available for Diversion (Federal share)						
Total DSH Alltoment Diverted (Federal share)	$ -	$ -	$ -	$ -	$ -	$ -
DSH Allotment Available for DSH Diversion Less Amount Diverted (Federal share, must be non-negative)	$ -	$ -	$ -	$ -	$ -	$ -
DSH Allotment Projected to be Unused (Federal share, must be non-negative)	$ -	$ -	$ -	$ -	$ -	$ -

Panel 4: Projected DSH Diversion Allocated to DYs

DEMONSTRATION YEARS		DY 01	DY 02	DY 03	DY 04	DY 05
DSH Diversion to Leading FFY (total computable)						
FMAP for Leading FFY						
DSH Diversion to Trailing FFY (total computable)						
FMAP for Trailing FFY						
Total Demo Spending From Diverted DSH (total computable)		$ -	$ -	$ -	$ -	$ -

Budget Neutrality Summary

Without-Waiver Total Expenditures

	DEMONSTRATION YEARS (DY)					TOTAL
	DY 01	DY 02	DY 03	DY 04	DY 05	
Medicaid Populations						
Medicaid Pop 1	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Medicaid Pop 2	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Medicaid Pop 3	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
DSH Allotment Diverted	$ -	$ -	$ -	$ -	$ -	$ -
Other WOW Categories						
Category 1						$ -
Category 2						$ -
TOTAL	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

With-Waiver Total Expenditures

	DEMONSTRATION YEARS (DY)					TOTAL
	DY 01	DY 02	DY 03	DY 04	DY 05	
Medicaid Populations						
Medicaid Pop 1	$ -	$ -	$ -	$ -	$ -	$ -
Medicaid Pop 2	$ -	$ -	$ -	$ -	$ -	$ -
Medicaid Pop 3	$ -	$ -	$ -	$ -	$ -	$ -
Expansion Populations						
Exp Pop 1	$ -	$ -	$ -	$ -	$ -	$ -
Exp Pop 2	$ -	$ -	$ -	$ -	$ -	$ -
Excess Spending From Hypotheticals						$ -
Other WW Categories						
Category 3						$ -
Category 4						$ -
TOTAL	$ -	$ -	$ -	$ -	$ -	$ -

VARIANCE	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

HYPOTHETICALS ANALYSIS

Without-Waiver Total Expenditures

	DEMONSTRATION YEARS (DY)					TOTAL
	DY 01	DY 02	DY 03	DY 04	DY 05	
Hypo 1	$ -	$ -	$ -	$ -	$ -	$ -
Hypo 2	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ -	$ -	$ -	$ -	$ -	$ -

With-Waiver Total Expenditures

	DEMONSTRATION YEARS (DY)					TOTAL
	DY 01	DY 02	DY 03	DY 04	DY 05	
Hypo 1	$ 3,699,284	$ 3,810,256	$ 7,651,623	$ 7,881,180	$ 8,117,634	$ 31,159,977
Hypo 2	$ 5,215,020	$ 10,742,895	$ 17,982,602	$ 25,646,889	$ 26,416,301	$ 86,003,706
TOTAL	$ 8,914,304	$ 14,553,150	$ 25,634,225	$ 33,528,069	$ 34,533,934	$ 117,163,683

HYPOTHETICALS VARIANCE	$ (8,914,304)	$ (14,553,150)	$ (25,634,225)	$ (33,528,069)	$ (34,533,934)	$ (117,163,683)

Population Status Drop-Down
Medicaid
Hypothetical
Expansion

Minnesota
Medical Assistance
Fiscal Analysis of a Proposal to Apply for an 1115 Medicaid Waiver to Cover Limited Services for Incarcerated Invidividuals Within 90 Days of Release

Projected Enrollment in Prisons

	All 10 Prisons	FRB Stillwater Shakopee Subset
Prison population 7/18/2024	7,288	3,509
Proportion released within 90 days	12.3%	13.0%
Proportion released within 90 days = Potential enrollees in program per month	893	457
Potential enrollees per month starting January 2026	457	
Potential additional enrollees per month starting January 2028 (increase to 100% of the total)	436	
Assumed rate of enrollment in program	50.0%	

	Monthly	Annualized
Projected enrollees per month in Jan. 2026 group	229	2,742
Projected enrollees per month in Jan. 2028 group	217	2,604
Total projected enrollees for both groups	446	5,346

Projected Monthly Cost per in Prisons

We assume the bulk of the cost for this program will be for mental health and SUD (substance use disorder)

treatment. We start from the average cost per prisoner per month for these services in the State prison system in SFY 2023:

Total costs for mental health, SUD, and related pharmacy		$ 23,427,650
Divided by 7173 (Sept. 2023 pop.) and by 12:		$ 272.17
Add 25% for SUD medically assisted treatment		$ 68.04
Add 25% for other added behavioral health services		$ 68.04
Add $125 (PMPM) for added pharmacy costs		$ 125.00
Add $75 (PMPM) for health screenings and family planning		$ 75.00
Adjusted total		$ 608.26
Add trend from FY 2023 to CY 2026 @	3.0%	$ 674.56
Projected CY 2026 PMPM for potential program enrollees		$ 674.56

Assume that those who do not enroll would account for minimal costs if they did enroll, so that the PMPM for the enrollee population increases in inverse proportion to the non-enrollment proportion. So if 50% enroll, the PMPM for the enrollees is doubled.

Enrollment rate	50.0%
Projected CY 2026 PMPM for program enrollees	$ 1,349.12

For comparison, current MA costs for a person receiving outpatient treatment are around $500 for mental health and around $1000 for SUD treatment (exclusive of costs for MAT).

Projected Enrollment in Jails

Statewide point-in-time jail population	4,295

Practically all are within 90 days of release = Potential enrollees in program per month	4,295
Assumed proportion of total beginning July 2026 if program is limited to five local correctional facilities	40.0%
Assumed added proportion beginning July 2028	50.0%
Potential enrollees per month starting July 2026	1,718
Potential additional enrollees per month starting July 2028	2,148
Assumed rate of enrollment in program	50.0%

	Monthly	Annualized
Projected enrollees per month in July 2026 group	859	10,308
Projected enrollees per month in July 2028 group	1,074	12,888
Total projected enrollees for both groups	1,933	23,196

DY 1 enrollee months = 50% of July 2026 group's annualized value.
DY 3 enrollee months = July 2026 group's annualized value plus
50% of the July 2028 group's annualized value.

Projected Monthly Cost per in Jails

Assumed ratio of PMPM for potential enrollees in Jail population to PMPM for prison population:	75.0%
Projected CY 2026 PMPM for potential program enrollees	$ 505.92

We assume that those who do not enroll would account for minimal
costs if they did enroll, so that the PMPM for the enrollee population

increases in inverse proportion to the non-enrollment proportion.
So if 50% enroll, the PMPM for the enrollees is doubled.

Enrollment rate	50.0%
Projected CY 2026 PMPM for program enrollees	$ 1,011.84

Projected Rate of Federal Participation in Waiver Payments

We assume that waiver payments are those payments for in-custody services which would not qualify for federal matching in the absence of the requested waiver.

We assume that two different rates of Medicaid participation will apply:

Non-disabled adults between the ages of 21 and 65 who are not the custodial parents of minor children (= MA adults with no children) will get service costs matched at 90%.

All others will get costs matched at Minnesota's Federal Medical Assistance Percentage (FMAP), which changes slightly for each federal fiscal year. This rate is 50.68% for FFY 2026 (effective October 1, 2025) and is assumed to remain the same (because future changes are unknown).

A different blend of these two rates is assumed for the prison population vs. the jail population. The prison population is assumed to be differentiated only by age less than 21 or 65+, with 90% assumed to qualify 90% matching. Of the jail population, 40% are assumed to have custodial parent status, and so 60% of that population projected to qualify the 90% federal match.
The blended rates are as follows:

		Prison Population	Jail Population
Matched at	90.00%	90.00%	60.00%
Matched at	50.68%	10.00%	40.00%
Blended rate		86.07%	74.27%

PRISONS: Waiver Participant Months & Costs					
	Enrollee Months	Unique Persons (Months / 3)	PMPM	Incurred Costs	PMPM Trend
CY 2026	2,742	914	$ 1,349.12	$ 3,699,284	3.00%
CY 2027	2,742	914	$ 1,389.59	$ 3,810,256	3.00%
CY 2028	5,346	1,782	$ 1,431.28	$ 7,651,623	3.00%
CY 2029	5,346	1,782	$ 1,474.22	$ 7,881,180	3.00%
CY 2030	5,346	1,782	$ 1,518.45	$ 8,117,634	3.00%

JAILS: Waiver Participant Months & Costs					
	Enrollee Months	Unique Persons (Months / 2)	PMPM	Incurred Costs	PMPM Trend
CY 2026	5,154	2,577	$ 1,011.84	$ 5,215,020	3.00%
CY 2027	10,308	5,154	$ 1,042.19	$ 10,742,895	3.00%
CY 2028	16,752	8,376	$ 1,073.46	$ 17,982,602	3.00%
CY 2029	23,196	11,598	$ 1,105.66	$ 25,646,889	3.00%
CY 2030	23,196	11,598	$ 1,138.83	$ 26,416,301	3.00%

TOTAL PROGRAM: Waiver Participant Months & Costs				
Enrollee Months	Unique Persons	PMPM	Incurred Costs	

FY 2026	7,896	3,491	$ 1,128.96	$ 8,914,304
FY 2027	13,050	6,068	$ 1,115.18	$ 14,553,150
FY 2028	22,098	10,158	$ 1,160.02	$ 25,634,225
FY 2029	28,542	13,380	$ 1,174.69	$ 33,528,069
FY 2030	28,542	13,380	$ 1,209.93	$ 34,533,934
FY 2031	-	-	#DIV/0!	$ -

Attachment B

DEPARTMENT OF HUMAN SERVICES

Minnesota Department of Human Services
Health Care Administration
540 Cedar Street
PO Box 64983
St Paul, MN 55164-0983

November 22, 2024

Re: Reentry demonstration waiver application, under Section 1115(a) of the Social Security Act

Dear Tribal Leader,

This letter is to share information about a 30-day comment period on the Reentry waiver application. Federal law prohibits payment for Medicaid services for inmates of a public institution outside of inpatient services. The waiver permits coverage of outpatient Medicaid services for inmates up to 90-days prior to their release. The Centers for Medicare & Medicaid Services (CMS) identified this option in a State Medicaid Director Letter (SMDL #23-003, issued April 17, 2023) and the 2024 Minnesota Legislature authorized the Department of Human Services (DHS) to submit a waiver application to CMS to cover services for people returning to the community from jails and prisons (Minnesota Statutes, section 256B.0761).

The transition from incarceration, in a prison or jail, to community living is period of vulnerability, particularly for individuals with behavioral health conditions or complex medical needs. The Reentry waiver is designed to support successful transition to the community, improve health outcomes, and reduce recidivism. The state also anticipates that transitional support services will assist in addressing disparities in health outcomes which is especially relevant for American Indians in Minnesota.

The state law details specific types of facilities for inclusion in the demonstration including at least one facility that is owned and managed by a Tribal government, or a facility outside of the seven-county metropolitan area with an inmate census that includes a significant proportion of Tribal members or American Indians. Staff from the Office of Indian Policy at DHS have been in contact with Tribal leaders concerning the waiver application, selection of a tribal facility, and participation in a work group to provide feedback about the program design.

As engagement with Tribal leadership continues, DHS plans to concurrently submit the waiver application. Several sections of the application identify that more detail will be provided in an implementation plan that will be submitted after the waiver is approved. The implementation plan will be informed by the work group. A summary of the Reform waiver application and the complete request to be submitted to CMS are available for review on the DHS website. The website includes information about how to submit feedback. We request that feedback be provided by December 26, 2024. Should you have questions about the waiver application, please contact Chistina Samion of my staff directly at christina.samion@state.mn.us. Thank you.

Sincerely,

[redacted]

Patrick Hultman
Deputy State Medicaid Director

Official Notices

Pursuant to *Minnesota Statutes* §§ 14.101, an agency must first solicit comments from the public on the subject matter of a possible rulemaking proposal under active consideration within the agency by publishing a notice in the *State Register* at least 60 days before publication of a notice to adopt or a notice of hearing, and within 60 days of the effective date of any new statutory grant of required rulemaking.

The *State Register* also publishes other official notices of state agencies and non-state agencies, including notices of meetings and matters of public interest.

Department of Human Services

Health Care Administration

Request for Comments on the Minnesota Reentry Section 1115 Medicaid Demonstration Waiver Application

DHS is announcing a 30-day comment period on the proposed application for Minnesota's Reentry section 1115 Medicaid demonstration waiver.

Minnesota's Reentry demonstration waiver seeks to improve health outcomes, reduce deaths, decrease repeat offense rates, and address related disparities for people who have been incarcerated. To achieve this, Minnesota will provide a set of Medicaid covered services to eligible beneficiaries in correctional facilities who are within 90-days of release. It is expected that providing additional services prior to release will assist beneficiaries and support continued engagement with needed services and supports in the community. The services focus on assessment and treatment of substance use, mental health, and complex and chronic medical needs paired with case management. The waiver will test this service design in selected jails and prisons.

DHS invites public comment on the waiver application. A summary of the waiver application and an electronic version of the full waiver application can be found at ***Federal health care waivers with public hearings and comments / Minnesota Department of Human Services***.

Written comments may be submitted to the following email mailbox: ***Section1115WaiverComments@state.mn.us***. To support making comments available to people who use screen readers, DHS requests comments be submitted in Microsoft Word format or incorporated within the email text. If you would also like to provide a signed copy of a comment letter, you may submit a second copy in Adobe PDF format. Comments must be received by December 26, 2024.

In addition to the opportunity to submit written comments during the 30-day public comment period, two hearings will be held to provide the public with an opportunity to comment directly to DHS staff. The dates and times of the two hearings are:

First Hearing – In-person

If you would like to attend the in-person hearing, please send an email to ***Section1115WaiverComments@state.mn.us***. Your email assures sufficient room capacity and record of participation.

Date: Tuesday, December 10, 2024

Time: 3:30 p.m. – 4:30 p.m.

Location: Minnesota Department of Human Services
Elmer L. Anderson Human Services Building, Room 2370
540 Cedar St.
St. Paul, MN 55101

Second Hearing – Video Conference

If you would like to attend the video conference, please see the ***Federal health care waivers with public hearings and comments / Minnesota Department of Human Services*** webpage for the link to the hearing or email ***Section1115WaiverComments@state.mn.us*** and we will send you the link.

Date: Wednesday, December 11, 2024

Time: 9:30 a.m. – 10:30 a.m.

Location: WebEx (video conference)

Comments and feedback during the hearings may be audio recorded. A summary of all comments and feedback received, and DHS' responses will be shared publicly as part of the waiver application.

State Grants & Loans

In addition to requests by state agencies for technical/professional services (published in the State Contracts Section), the *State Register* also publishes notices about grants and loans available through any agency or branch of state government. Although some grant and loan programs specifically require printing in a statewide publication such as the State Register, there is no requirement for publication in the *State Register* itself. Agencies are encouraged to publish grant and loan notices, and to provide financial estimates as well as sufficient time for interested parties to respond.

SEE ALSO: Office of Grants Management (OGM) at: *https://mn.gov/admin/citizen/grants/*

Department of Commerce

Division of Energy Resources

Request for Proposals for Minnesota Home Energy Training Centers

The Minnesota Department of Commerce ("Commerce") seeks proposals for the creation and development of the Minnesota Home Energy Training Centers ("MHETC"), a training entity to provide training, administration, and services to the Weatherization Assistance Program ("WAP") and home energy industry professionals.

A Request for Proposal ("RFP") and required forms are available for download on Commerce's RFP website at ***https://mn.gov/commerce/business/rfp.jsp***. Proposals must be submitted through Commerce's grant submission portal. A link to the portal and instructions for submitting proposals can be found in the RFP.

Proposals are due by the **January 17, 2025 at 5:00 PM CDT. Late proposals will not be considered.**

This request does not obligate the State to complete the work contemplated in this notice. The State reserves the right to cancel this solicitation. All expenses incurred in responding to this notice are solely the responsibility of the responder.

Department of Employment and Economic Development (DEED)

Notice of Grant Opportunity

NOTICE IS HEREBY GIVEN that the Minnesota Department of Employment and Economic Development (DEED) places notice of any available grant opportunities online at ***https://mn.gov/deed/about/contracts/open-rfp.jsp***

Subject: FW: Minnesota Reentry Waiver Application – Comment Period

From: Minnesota Department of Human Services <Minnesota_DHS@public.govdelivery.com>
Sent: Friday, November 22, 2024 1:48 PM
To: Samion, Christina M (DHS) <christina.samion@state.mn.us>
Subject: Minnesota Reentry Waiver Application – Comment Period

DEPARTMENT OF HUMAN SERVICES

DHS is announcing a 30-day comment period on the proposed application for Minnesota's Reentry section 1115 Medicaid demonstration waiver.

Minnesota's Reentry demonstration waiver seeks to improve health outcomes, reduce deaths, decrease repeat offense rates, and address related disparities for people who have been incarcerated. To achieve this, Minnesota will provide a set of Medicaid covered services to eligible beneficiaries in correctional facilities who are within 90-days of release. It is expected that providing additional services prior to release will assist beneficiaries and support continued engagement with needed services and supports in the community. The services focus on assessment and treatment of substance use, mental health, and complex and chronic medical needs paired with case management. The waiver will test this service design in selected jails and prisons.

DHS invites public comment on the waiver application. A summary of the waiver application and an electronic version of the full waiver application can be found at Federal health care waivers with public hearings and comments / Minnesota Department of Human Services.

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LOCATION: Minnesota Department of Human Services
Elmer L. Anderson Human Services Building, Room 2370
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St. Paul, MN 55101

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LOCATION: WebEx (video conference)

Comments and feedback during the hearings may be audio recorded. A summary of all comments and feedback received, and DHS' responses will be shared publicly as part of the waiver application.

Tribal and Urban Indian Health Directors Quarterly Meeting (Q4)

ZOOM LINK IN CALENDAR INVITE

Thursday, November 14, 2024

9:00 AM – 4:00 PM

AGENDA

9:00AM – 9:15AM **Welcome opening/prayer and roll call**

9:15 AM – 12:15 PM **DHS Agenda Items:**

- *Four Walls- Response discussion* *(15 minutes)*

Presenters: Angie DeLille DHS Interim Director, OIP and John Connolly, DHS Assistant Commissioner of Health Care Administration

- *Traditional Healing 1115 Waiver Discussion Planning* *(45 minutes)*

Presenter: Perry Moore, DHS Traditional Healing Program Coordinator

- *Reorganized Minnesota Indian Area Agency on Aging* *(30 minutes)*

Presenters: Cheri Goodwin, Executive Director Ombimindwaa Gidinawemaaganinaadog, Michelle Reynolds, MN Indian Area Agency on Aging Director, and Leonard Geshick, Native Elder Director MN Board on Aging

  - Description: Established by the Minnesota Board on Aging in 1980, the Minnesota Indian Area Agency on Aging was originally administered by the Minnesota Chippewa Tribe, and served the Bois Forte Band of Chippewa, Grand Portage Band of Lake Superior Chippewa, Leech Lake Band of Ojibwe and the White Earth Nation. The reorganized agency will continue to serve the original four Tribal communities, as well as the Lower Sioux Indian Community, Mille Lacs Band of Ojibwe, Prairie Island Indian Community, Red Lake Nation, Upper Sioux Community, and Fond du Lac Band of Lake Superior Chippewa beginning January 1, 2025. Shakopee Mdewakanton Sioux Community will join the MIAAA in CY2026.

- *Review of the Pathways Report* *(30 minutes)*

Presenter: Nathan Chomilo, MD, DHS Medicaid Medical Director

- *Update on Direct Care and Treatment (DCT)* *(15 minutes)*

Presenters: Dan Storkamp, DCT Operations Services Executive Director

- *Medicaid State Plan and Waiver Activities* *(15 minutes)*

Presenter: Patrick Hultman, DHS Federal Relations Director

- *Re-entry waiver update* *(5-10 minutes)*

Presenters: Tara Holt, DHS SUD Reform and Design Team

- *Housing Stabilization Services update* *(15 minutes)*

Presenters: John Connolly, DHS Assistant Commissioner of Health Care Administration and Eric Grumdahl, DHS Assistant Commissioner of Homelessness, Housing, and Support Services Administration

- *Bi-monthly Medicaid Director Meeting* *(10 minutes)*

Presenter: Patrick Hultman, DHS Federal Relations Director

12:15 PM – 1:00 PM LUNCH - *Provided by MDH Office of American Indian Health*

1:00PM – 3:00PM MDH Agenda Items:

- *Office of American Indian Health Update* – Kris Rhodes *(20 minutes)*
    - Tribal Practices for Health and Well-being
    - Cannabis & Substance Use Prevention Grant Program
    - Tribal Umbrella Funding Agreements

- *Tribal Liaison Update* – Ravyn Gibbs *(10 minutes)*
    - Tribal legislative summit with DHS, DCYF and MDH
    - Tribal consultations
    - Equitable Healthcare Taskforce – January 2025 Input Session

- Health Improvement Bureau – *Discussion Title V funding for Tribes*
  Presenters: Noya Woodrich and Elizabeth Taylor-Shiro *(30 minutes)*

BREAK (10 minutes)

- Health Protection Bureau - Infectious Diseases Epidemiology, Prevention and Control
  Presenter: Brian Brunelle *(10 minutes)*

- Health Improvement Bureau – Tribal Public Health Infrastructure Fall Gathering
  Presenter: Madison Anderson *(10 minutes)*

- Health Improvement Bureau - MN Tribal Toward Zero Deaths – *Conference Spring 2025*

Presenters: Rahya Giesler MnDOT and Catherine Diamond HPCD *(15 minutes)*

- Health Systems Bureau - Office of Rural Health – *Discussion, Tribal Input, MDH Rural Health Conference, June 2025*
  Presenter: Zora Radosevich *(15 minutes)*

3:00 PM – 4:00 PM [CLOSED – Tribal Health Leaders Only]

- TUIHD meeting structure and process guidance
- Tribal public health authority & role in statewide public health system

Attachment F

Comments Received by the State During the 30-day Public Notice Period

Table A provides the public comments received during the *in-person* waiver hearing held on December 10, 2024. Table B provides the public comments received during the *virtual* waiver hearing held on December 11, 2024. Comments and questions were recorded as shown in the table. State staff responded to each question during the hearing. The state's responses are provided in this attachment.

Subsequent pages of this attachment contain one formal prepared testimony provided during the in-person hearing, and written comments received during the public comment period and DHS' responses to those comments.

Table A: In-Person Hearing (December 10, 2024)

Name/Affiliation	Question/Feedback as Submitted	State Response During the Hearing*
Dan Schaeppi, Minnesota Adult and Teen Challenge	Pretrial, is this going to be open to anyone in pretrial before sentencing?	They need to be sentenced and 90 days prerelease. **Post-hearing clarification:** Minnesota plans to work with the Reentry working group, community partners, and selected pilot sites to include pre-adjudicated individuals as an eligible population.
	Furloughed clients aren't covered under PMAP, will this demonstration address that? Furloughed means when someone was released from jail but isn't on Medicaid due to their furlough status. This demonstration should include people who are furloughed or conditionally released/released to treatment rather than incarceration. Teen challenge provides treatment while people are in jail, it would be helpful to be reimbursed for services provided during pretrial and not wait until the person is incarcerated.	The individual needs to be on Medicaid 90 days prior to release. **Post-hearing clarification:** Minnesota plans to work with the Reentry working group, community partners, and selected pilot sites to determine whether we can include people who are furloughed in the demonstration, or address this group through other options such as sentencing education for judges.
Stephanie Minor, UCare	Suggestion: include MCOs in workgroup.	DHS welcomes Managed Care Organizations (MCOs) to attend the Reentry working group meetings. Formal inclusion of MCOs in the working group membership identified in state law will be taken under consideration.
	Data sharing with MCOs: When someone falls off of Medicaid, the person is dropped from	DHS welcomes MCO input and will continue to work together with them and

Name/Affiliation	Question/Feedback as Submitted	State Response During the Hearing*
	the MCO file. Could be because of incarceration, how can we work together to exchange information?	other partners to improve the exchange of information.
	For someone who was previously incarcerated and on UCare, how will the person return to managed care?	For rerolling in managed care, the person will be reenrolled in the plan that they were in within a year. **Post-hearing clarification:** Individuals that are released to the community within one year of incarceration will be re-enrolled with the MCO they had before incarceration.

*Post-hearing clarifications are identified in the table.

Table B: Virtual Hearing (December 11, 2024)

Name/Affiliation	Question/Feedback as Submitted	State Response During the Hearing*
John Zwier, University of Minnesota Public Policy Fellow and St. Paul Resident	I'm wondering about the 90 days before release qualification. Will this include pre-adjudication detainees who often stay for shorter periods?	Not at this time. **Post-hearing clarification:** Minnesota plans to work with the Reentry working group, community partners, and selected pilot sites to include pre-adjudicated individuals as an eligible population.
	Can you say why?	At this time, DHS has not identified a method for determining the 90-day eligibility window. **Post-hearing clarification:** Minnesota plans to work with the Reentry working group, community partners, and selected pilot sites to include pre-adjudicated individuals as an eligible population.
	Can we hear more about "No cost sharing applies for services delivered in carceral facilities under this demonstration." What is meant by this? Are we missing an opportunity here? Is there a reinvestment plan?	Cost sharing does not apply for anyone in the demonstration or the broader Medicaid program. States must submit an implementation plan within six months after CMS' approval of the waiver. The

Name/Affiliation	Question/Feedback as Submitted	State Response During the Hearing*
		implementation plan will include a reinvestment plan.
	If we write something up about pre-adjudication detainees, is there any information that would be helpful to hear from the public that would assist with the application itself?	Having a list for those in pre-adjudication would be important. DHS encourages formal comments to be submitted as part of the application process.
Leah Kaiser, Hennepin County	Will the 1115 waiver be limited to outpatient ICD codes only?	Yes.
	For the demonstration – is the waiver considering four physical buildings or county collectively? Some counties may have more than one physical facility for corrections, is the interpretation for four sites/buildings or four locations?	The work group will focus on this matter. It will likely be four counties rather than four physical buildings. **Post-hearing clarification:** State law limits the initial phase of the demonstration to be implemented in five county pilot sites. Additional facilities may be added to the waiver contingent on legislative authorization and appropriations.
Heather Larson, St. Louis County Public Health and Human Services	Will there be an interface between DOC and MMIS to notify agencies when a person is in the project? Currently it is up to the incarcerated individual to report incarceration and we manually update Living Arrangements in MMIS.	We are working an IT component of this project. It is one of the goals of this project. There are other reasons why getting this information timelier and having a standardized process would be really beneficial. We are thinking it through. DHS keeps these members enrolled until we learn about the incarceration, at which point DHS has to recover claims retroactively, so we have an interest in improving this process. **Post-hearing clarification:** Exploring IT solutions that can support beneficiaries and providers impacted by this demonstration waiver is a goal of the project. There are several reasons why getting this information more quickly and having a standardized process would be beneficial. We are working on it. DHS keeps these members enrolled until we learn about the incarceration, at which point DHS has to recover claims retroactively. DHS will continue to

Name/Affiliation	Question/Feedback as Submitted	State Response During the Hearing*
		explore IT solutions during implementation planning.
Major Troy Otto, Hennepin County Sheriff's Office and Representative of the Minnesota Sheriff's Association	See page 67 for Major Otto's formal prepared testimony statement.	Thank you for the feedback.
Jacob Hill, Hennepin County Sheriff's Office	I'd like greater clarification on the response on pre-adjudication detainees not qualifying. The vast majority of county facility inmates are pre-adjudication and there are four such facilities included in the pilot so just would like clarification if possible. I believe we can collect that population-level information you referenced from the Hennepin County Adult Detention Center.	At this time, we didn't design the application to include them. There are opportunities for us to do this. We will take it back for further discussion. This was also brought up during the first hearing. We recognize the importance of this population. **Post-hearing clarification:** Minnesota plans to work with the Reentry working group, community partners and selected pilot sites to include pre-adjudicated individuals as an eligible population.

*Post-hearing clarifications are identified in the table.

Spoken Testimony of Troy Otto, Jail Administrator, HCSO

Thank you for the opportunity to comment today. My name is Troy Otto, and I serve as the Jail Administrator for the Hennepin County Sheriff's Office.

Today I'm going to speak to the urgency regarding the fentanyl poisoning epidemic devastating our communities and the critical need to address gaps in care for inmates struggling with addiction and mental illness who cycle through our jails.

As the administrator of the largest pretrial detention facility in the state, I see firsthand the devastating consequences of the opioid crisis for our population. Since 2018, opioid overdose deaths in Hennepin County have tripled.

And our facility, like many others across Minnesota, is on the front line of this crisis.

On the average day, we house around 300 people with addiction and mental health challenges—people who are often not receiving adequate care before or after incarceration.

The Hennepin County Sheriff's Office has invested in providing Medically Assisted Treatment (MAT program) and medications for opioid use disorder (MOUD), which are the gold standard for addiction care in our jail. Many counties don't have MAT programs, likely because of the associated costs which I will discuss in a moment.

A study of two neighboring counties, one with a MAT program in their jail and one without, found that individuals who received MAT were 45% less likely to be re-incarcerated after five years.

One of the major barriers to addressing this crisis is the Federal Medicaid Inmate Exclusion Policy. When individuals enter custody, they lose their Medicaid coverage. Providing care for these individuals comes out of our budget via Hennepin County taxpayers.

However when released, this individual has to go back to their Medicaid. And reinstating coverage can take weeks or months—a delay that can be deadly.

People recently released from incarceration are up to 40 times more likely to die of an opioid overdose than the general population. This gap in care is costing lives.

Thankfully, the federal government has offered a lifeline: the 1115 Medicaid reentry waiver. This waiver allows states to provide Medicaid coverage for individuals up to 90 days before their release, ensuring a seamless transition of care.

Sheriff Witt goes a step further and says that all pretrial services for those on Medicaid should be covered, which is particularly important as the length of stay in pretrial facilities, like ours, increases.

This waiver has been submitted by over a dozen states and is fully accepted and operational in California as of January of last year.

If implemented in Minnesota, I believe this waiver will save lives and reduce re-incarceration rates by ensuring continuity of treatment for addiction and mental health challenges.

Thank you for your time and commitment to this urgent matter. I’m happy to answer any questions.

From: MN_DHS_Section1115WaiverComments
To: Tom G Turner
Subject: RE: Application
Date: Tuesday, January 7, 2025 8:35:02 AM

Tom,

Thank you for your email in response to the state's request for comments on Minnesota's Reentry section 1115 demonstration waiver application. If approved by the Centers for Medicare & Medicaid Services (CMS), this waiver will provide access to services for people while incarcerated, improve health outcomes, and reduce recidivism.

Minnesota's Medical Assistance (Medicaid) program will cover telehealth services in the same manner as any other benefit covered through the program. Coverage is not limited based on geography or location.

DHS will collaborate with waiver workgroup members and providers to identify IT solutions to meet gaps, and include this in the implementation plan if applicable.

Christina Samion

Human Services Program Consultant | Medicaid Waiver Coordinator

Health Care Administration | Federal Relations

Minnesota Department of Human Services

Elmer L. Anderson Building

540 Cedar Street

St. Paul, MN 55164-0967

O: 651-431-5885

christina.samion@state.mn.us

mn.gov/dhs

From: Tom G Turner <Tom.Turner@hennepin.us>
Sent: Friday, December 6, 2024 2:30 PM
To: MN_DHS_Section1115WaiverComments <Section1115WaiverComments@state.mn.us>

Subject: Application

I may have missed it but we may want to include something about developing telehealth technology that ensures privacy, and an offender statewide tracking system.

Tom Turner

(he, him)

Chemical Health Unit Supervisor

300 S 6th St

(Mail Code 643)

Minneapolis, MN 55487

Ph. 612-879-3158

Fax. 612-466-9559

"Leadership is not about being the best, leadership is about making everyone else better"

HC Addiction and Recovery Services website – For Residents

Information for substance use service providers – For Providers

Project CHILD Website

Referral Form

From: MN_DHS_Section1115WaiverComments
To: Daniel Schaeppi
Subject: RE: Reentry waiver hearing
Date: Tuesday, January 7, 2025 8:37:12 AM

Daniel,

Thank you for attending the hearing and for your email in response to the state's request for comments on Minnesota's Reentry section 1115 demonstration waiver application. If approved by the Centers for Medicare & Medicaid Services (CMS), this waiver will provide access to services for people while incarcerated, improve health outcomes, and reduce recidivism.

In the eligible facilities identified in state law, individuals who qualify for the Reentry waiver may access the following substance use disorder (SUD) services:

- Comprehensive SUD assessments
- Treatment coordination services
- SUD peer recovery support services
- SUD individual and group counseling
- Mental health diagnostic assessments
- Group and individual psychotherapy
- Mental health peer specialist services

In addition to the SUD services identified above, state law permits additional mental health and primary care services for people screened or assessed to be eligible for those services. Minnesota's Medical Assistance (Medicaid) program will cover telehealth services in the same manner as any other benefit covered through the program. Coverage is not limited based on geography or location.

CMS requires all states with an approved Reentry waiver to provide eligible beneficiaries a 30-day supply of all currently prescribed medications at the time of release. CMS also requires states to provide Medication Assisted Treatment (MAT) services for SUD as clinically appropriate, with accompanying counseling.

DHS plans to work with the Reentry working group, community partners, and selected pilot sites to include pre-adjudicated individuals as an eligible population for demonstration waiver services during implementation plan drafting. DHS will also work with the working group to identify the 90-day timeframe, including those who are pre-trial and incarcerated.

Section 1115 demonstration waivers are generally approved for a period of five years. The start date will depend upon when DHS receives waiver approval from CMS.

Christina Samion
Human Services Program Consultant | Medicaid Waiver Coordinator
Health Care Administration | Federal Relations

Minnesota Department of Human Services
Elmer L. Anderson Building
540 Cedar Street
St. Paul, MN 55164-0967
O: 651-431-5885
christina.samion@state.mn.us
mn.gov/dhs

From: Daniel Schaeppi <Daniel.Schaeppi@mntc.org>
Sent: Monday, December 9, 2024 2:07 PM
To: MN_DHS_Section1115WaiverComments <Section1115WaiverComments@state.mn.us>
Subject: RE: Reentry waiver hearing

Thank you for responding. I have some immediate questions but will have more during the meeting I am sure.

- You are wanting to address comprehensive SUD treatment, what does that look like for those that are incarcerated?
- Follow up to that is what about jails where these services are not local, is on line an option?

- Please explain what access to prescription medication is, will they have access to MOUD in all jails in MN?

- What if the release date is unknow when does the 90 window start? Can people access these services during the pre-trial process?

- How long will the pilot program be initiated? Will the implementation begin statewide in January 2026?

This what I have for now. I hope to see you there in person tomorrow.

Thank you for your time,

Daniel Schaeppi
Director of Outreach
Mn Adult & Teen Challenge

Direct: 612-238-6140
www.mntc.org | Fax: 612-823-4913

From: MN_DHS_Section1115WaiverComments <Section1115WaiverComments@state.mn.us>
Sent: Sunday, December 8, 2024 6:12 PM
To: Daniel Schaeppi <Daniel.Schaeppi@mntc.org>
Subject: RE: Reentry waiver hearing

Daniel,

Thank you for your interest in providing feedback on the Reentry demonstration waiver application. We will provide a brief overview of the application, and then we will hear from all attendees wishing to provide feedback. Because the hearing is scheduled for one hour, we would ask that you review the application ahead of time and keep your feedback concise in order to ensure everyone has an opportunity to comment, and consider sending in a written comment if you anticipate providing lengthier feedback.

The application can be found under "Public Hearings and Comments" on DHS' Federal health care waivers with public hearings and comments / Minnesota Department of Human Services webpage.

We look forward to seeing you on Tuesday, December 10th at 3:30 pm.

DATE: Tuesday, Dec. 10, 2024
TIME: 3:30 – 4:30 p.m.
LOCATION:
Minnesota Department of Human Services
Elmer L. Andersen Human Services Building, Room 2370
540 Cedar St.
St. Paul, MN 55101

Limited parking is available in the ramp adjacent to the building. Metered parking adjacent to the building is limited, and visitors may have to park at meters one or two blocks away. Refer to the Directions and parking webpage for more information.

Christina Samion

Human Services Program Consultant | Medicaid Waiver Coordinator
Health Care Administration | Federal Relations

Minnesota Department of Human Services
Elmer L. Anderson Building
540 Cedar Street
St. Paul, MN 55164-0967
O: 651-431-5885
christina.samion@state.mn.us
mn.gov/dhs

From: Daniel Schaeppi <Daniel.Schaeppi@mntc.org>
Sent: Saturday, December 7, 2024 10:14 AM
To: MN_DHS_Section1115WaiverComments <Section1115WaiverComments@state.mn.us>
Subject: Reentry waiver hearing

Hello,

I am reaching out in regards to the 1115 Waiver Reentry. I would like to attend in person for the hearing on Dec 10th. if there is anything that I need to be prepared with, please let me know.

Thank you for the opportunity,

Daniel Schaeppi
Director of Outreach
Mn Adult & Teen Challenge
Direct: 612-238-6140
www.mntc.org | Fax: 612-823-4913

From:	MN_DHS_Section1115WaiverComments
To:	John Zwier
Cc:	Mukhtar M. Ibrahim; claire.peterlin@gmail.com; gabymirandaorr@gmail.com; Daniel Vogel
Subject:	RE: Written Public Comment for Section 1115 Waiver Application
Date:	Tuesday, January 7, 2025 8:39:21 AM

John,

Thank you for attending the hearing and for your email in response to the state's request for comments on Minnesota's Reentry section 1115 demonstration waiver application. If approved by the Centers for Medicare & Medicaid Services (CMS), this waiver will provide access to services for people while incarcerated, improve health outcomes, and reduce recidivism.

DHS plans to seek feedback from the Reentry working group, community partners, and selected pilot sites to include pre-adjudicated individuals as an eligible population for demonstration waiver services during implementation plan drafting.

Minnesota's Medicaid program must comply with federal requirements including suspension of certain Medicaid coverage when a person is incarcerated, referred to as the "inmate payment exclusion" policy. If approved, the Reentry waiver application will permit 90-days of Medicaid coverage which otherwise would not be allowed.

Christina Samion
Human Services Program Consultant | Medicaid Waiver Coordinator
Health Care Administration | Federal Relations

Minnesota Department of Human Services
Elmer L. Anderson Building
540 Cedar Street
St. Paul, MN 55164-0967
O: 651-431-5885
christina.samion@state.mn.us
mn.gov/dhs

DEPARTMENT OF HUMAN SERVICES

From: John Zwier <zwier.john@gmail.com>
Sent: Thursday, December 19, 2024 11:15 AM
To: MN_DHS_Section1115WaiverComments <Section1115WaiverComments@state.mn.us>
Cc: Mukhtar M. Ibrahim <mukhtar@sayidgroup.com>; claire.peterlin@gmail.com; gabymirandaorr@gmail.com; Daniel Vogel <daniel.c.vogel@gmail.com>
Subject: Written Public Comment for Section 1115 Waiver Application

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Dear Department of Human Services,

Thank you for taking public comments for the Section 1115 Waiver Application. Please see our Public Comment submission below.

Public Comment:

Individuals coming in contact with the criminal justice system by way of Minnesota's prisons and jails immediately fall into the Medicaid Inmate Exception, losing access to their health insurance for the length of their stay, whether that stay is one day or more.

It is unclear from The Minnesota Reentry Waiver Application whether pre-adjudication detainees (many of whom stay in custody for less than 90 days) would be eligible for the Medicaid services allowed in the waiver. Pre-adjudication individuals are vulnerable in all the ways that longer incarcerated individuals are, but they are particularly vulnerable because they suffer the same disruption to their Medicaid coverage without access to the long-term care adjustments of the public institution that might ultimately take over their care; and it immediately disrupts the care they were receiving prior to their detention. Including this population of detainees would meet all of the waiver's stated claims: • Increase continuity of coverage; • Improve access to health care services, including mental health services, physical health services, and substance use disorder treatment services; • Enhance coordination between Medicaid systems, health and human services systems, correctional systems, and community-based providers; • Reduce overdoses and deaths following release; • Decrease disparities in overdoses and deaths following release; and • Maximize health and overall community reentry outcomes. But, it would have an added benefit, whether detainees are ultimately convicted or not, the community would benefit from engaging and enrolling these pre-adjudication individuals up front. Prisons and jails should be permitted to demonstrate a project that does not suspend Medicaid coverage (at least until conviction) in the first place and enrolls eligible individuals pre-adjudication.

It is worth considering whether the current system, which suspends an individual's health insurance (or preventing an individual from enrolling) pre-conviction might be considered an unconstitutional deprivation of rights, punishment for coming into contact with the criminal justice system, and forfeiture of assets.

John M. Zwier, St. Paul, MN
Claire Peterlin, Bovey, MN
Mukhtar Ibrahim, Rosemount, MN
Gabriela M. Orr, Edina, MN

Dan Vogel, Eagan, MN
Collectively, we are a group of University of Minnesota, Humphrey School Policy Fellows working on a project related to ending the Medicaid Inmate Exception
(comments are our own and do not represent the views of the Humphrey Policy Fellows program)

December 16, 2024

Submitted via: Section1115WaiverComments@state.mn.us

Jodi Harpstead, MBA
Commissioner
Minnesota Department of Human Services
P.O. Box 64967
Saint Paul, MN 55164-0967

RE: Minnesota Reentry Waiver Application for Section 1115(a) Demonstration Waiver, November 25, 2024

Dear Commissioner Harpstead:

ViiV Healthcare Company (ViiV) appreciates the opportunity to submit comments to the Minnesota Department of Human Services (DHS) regarding its draft demonstration waiver application to improve care for justice-involved individuals reentering their communities.[1]

ViiV is the only independent, global specialist company devoted exclusively to delivering advancements in HIV treatment and prevention to support the needs of people with HIV and those vulnerable to HIV. ViiV remains singularly focused on improving the health and quality of life of people affected by HIV and has worked to address unmet needs in treatment and prevention. In collaboration with the HIV community, ViiV is committed to developing meaningful treatment and prevention advances, improving access to its HIV medicines, and supporting the HIV community to facilitate enhanced care, treatment, and prevention.

ViiV applauds DHS's effort to provide transitional care to justice-involved individuals reentering their communities and including HIV as a qualifying condition. ViiV urges DHS to consider the intersections of HIV, substance use disorders (SUD), and incarceration and to align its amendment request with the national Ending the Epidemic HIV Initiative and the updated Minnesota plan to end HIV/AIDS.

Toward that end, ViiV offers the following recommendations:

- **Specify that HIV testing is included in the "physical health well-being and screenings" benefit**
- **Provide extended HIV treatment options for people with HIV prior to and upon release**
- **Provide counseling and access to pre-exposure prophylaxis (PrEP) prior to and upon release**
- **Provide tailored case management and care linkage services for people with HIV**

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[1] Minnesota Department of Human Services. Minnesota Reentry Waiver Application for Section 1115(a) Demonstration Waiver. November 25, 2024. https://mn.gov/dhs/assets/reentry-waiver-application-summary_tcm1053-655028.pdf. Accessed December 4, 2024.

Specify that HIV testing is included in the "physical health well-being and screenings" benefit

ViiV recommends that the targeted benefit package include opt-out HIV testing (or testing for sexually transmitted infections or infectious diseases more broadly), which aligns with the updated Minnesota plan to end HIV/AIDS Goal 1, Strategy 1.2, "Increase routine opt-out HIV testing and early intervention services". Justice-involved individuals are more likely to engage in behaviors that increase their likelihood for HIV acquisition, including having multiple sexual partners, condomless sex, and injection drug use.[2] In 2021, the HIV prevalence rate in federal and state prisons in Minnesota was more than double the prevalence rate of the general population in Minnesota.[3,4]

The Centers for Disease Control and Prevention (CDC) recommends opt-out HIV screening for all individuals entering a correctional facility and additional screenings for people who inject drugs.[5] Minnesota has opt-out HIV testing upon intake, upon request, and following incidents, but the state does not routinely offer it to high-risk groups, during routine medical exams, or on clinical indication.[6] People who inject drugs intravenously in their lifetime are more than 30 times as likely to be diagnosed with HIV.[7,8] Ensuring HIV screening is included in the benefit package for people with SUD would align with recommendations from the CDC, the American Society of Addiction Medicine (ASAM), and the US Preventive Services Task Force (USPSTF) which recommend routine HIV testing for people who inject drugs or are being assessed for opioid use disorder.[9,10,11]

Provide extended HIV treatment options for people with HIV prior to and upon release

ViiV supports the state's proposal to provide prescription medications during the pre-release period and a 30-day supply of clinically necessary prescriptions upon release. Providing treatment options for people with HIV aligns with the updated Minnesota plan to end HIV/AIDS Goal 1, Strategy 1.3, "Immediately link newly diagnosed individuals to person-centered HIV care and treatments". ViiV urges the state to provide an option for extended prescriptions such as either a 90-day supply of HIV treatment or a long-acting injectable (LAI) complete HIV treatment regimen. Extended prescriptions can ensure the gap is bridged between when an individual reenters their community and when they next connect with community-based care.

Offering a 90-day supply of medication may also improve adherence to HIV treatments by reducing the frequency of refills.[12] High adherence is necessary for HIV treatments to be effective, while

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2 Wise A, Finlayson T, Sionean C, Paz-Bailey. Incarceration, HIV Risk–Related Behaviors, and Partner Characteristics Among Heterosexual Men at Increased Risk of HIV Infection, 20 US Cities. Public Health Rep. 2019 May/Jun;134(1_suppl):63S-70S. Accessible at https://pubmed.ncbi.nlm.nih.gov/31059417/.

3 Maruschak LM. HIV in Prisons, 2021 – Statistical Tables. U.S. Department of Justice. March 2023. https://bjs.ojp.gov/document/hivp21st.pdf. Accessed December 9, 2024.

4 Centers for Disease Control and Prevention (CDC). Estimated HIV incidence and prevalence in the United States, 2018–2022. HIV Surveillance Supplemental Report. 2024. https://stacks.cdc.gov/view/cdc/156513. Accessed November 5, 2024.

5 Centers for Disease Control and Prevention (CDC). At-A-Glance: Summary of CDC Recommendations for Correctional Settings. March 1, 2024. https://www.cdc.gov/correctionalhealth/rec-guide.html. November 5, 2024.

6 Maruschak LM. HIV in Prisons, 2021 – Statistical Tables. U.S. Department of Justice. March 2023. https://bjs.ojp.gov/document/hivp21st.pdf. Accessed December 9, 2024.

7 National Institute of Drug Abuse. HIV. December 2021. https://www.drugabuse.gov/publications/drugfacts/drug-use-viral-infections-hiv-hepatitis. Accessed December 16, 2024.

8 Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. The National Survey on Drug Use and Health (NSDUH) Report: HIV/AIDS and Substance Use. December 1, 2010. https://www.samhsa.gov/sites/default/files/hiv-aids-and-substance-use.pdf. Accessed December 16, 2024.

9 Centers for Disease Control and Prevention (CDC). HIV Basics: Getting Tested webpage. June 22, 2022. https://www.cdc.gov/hiv/testing/?CDC_AAref_Val=https://www.cdc.gov/hiv/basics/hiv-testing/getting-tested.html. Accessed November 6, 2024.

10 American Society of Addiction Medicine. National Practice Guideline for the Treatment of Opioid Use Disorder: 2020 Focused Update. December 18, 2019. https://www.asam.org/quality-care/clinical-guidelines/national-practice-guideline. Accessed December 16, 2024.

11 US Preventive Services Task Force. Screening for HIV infection. JAMA. 2019 Jun 18;321(23):2326-2336. Accessible at: https://pubmed.ncbi.nlm.nih.gov/31184701/.

12 Johnson S, Giordano T, Markham C, Njue-Marendes S, Dang B. Patients' experiences with refilling their HIV medicines: Facilitators and barriers to on-time refills. Perm J. 2020 Dec:24:1-3. Accessible at: https://pubmed.ncbi.nlm.nih.gov/33482953/.

non-adherence can allow the virus to damage the immune system and can also increase the risk of treatment resistance.[13] The HHS Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV emphasize the importance of adherence in treatment selection, stating that "regimens should be tailored for the individual patient to enhance adherence and support long-term treatment success." [14]

LAI HIV treatment offers an important treatment option for people with HIV with dosing every 2 months, or as few as 6 times per year.[15,16] This therapy option may be beneficial for vulnerable populations such as individuals recently released from incarceration who are experiencing transitions in housing, employment, community, and health care. LAI treatment also may benefit those who fear disclosing their HIV status and wish to avoid stigma associated with taking daily oral pills.

Provide counseling and access to PrEP prior to and upon release

ViiV recommends that the benefit package and case management services include counseling on HIV PrEP and PrEP prescriptions for people who may benefit in accordance with CDC guidelines, which recommend that correctional facilities "Provide information on pre-exposure prophylaxis (PrEP) to all persons who are known to be at risk of HIV infection in their community."[17]

Providing counseling and access to PrEP would align with the updated Minnesota plan to end HIV/AIDS Goal 1, Strategy 1.1, "Increase HIV education and awareness for all Minnesotans, especially health professionals, students, and high-risk populations," and Strategy 1.4, "Increase availability, access, and use of evidence-based interventions that prevent HIV infections, such as PrEP, PEP, syringe services programs, and partner services".

PrEP is available in either a daily oral option or an LAI injectable option with dosing every 2 months, or as few as 6 times per year.[18,19] For people who can benefit from PrEP, ViiV urges the state to provide prescriptions for oral PrEP or administration of long-acting injectable (LAI) PrEP as part of the proposed pre-release services up to 90 days prior to release as well as a 90-day supply of oral PrEP or administration of LAI PrEP upon release.

In 2023, the USPSTF assigned a "Grade A" rating to PrEP as a highly effective preventive intervention.[20] PrEP has been shown to reduce the risk of acquiring HIV from sex by 99 percent and from injection drug use by 74 percent.[21] The CDC recommends that for soon-to-be-released

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[13] National Institutes of Health. HIV Treatment Adherence webpage. HIVinfo.NIH.gov. August 12, 2021. https://hivinfo.nih.gov/understanding-hiv/fact-sheets/hiv-treatment-adherence. Accessed December 16, 2024.

[14] U.S. Department of Health and Human Services. Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV. https://clinicalinfo.hiv.gov/sites/default/files/guidelines/documents/adult-adolescent-arv/guidelines-adult-adolescent-arv.pdf. Accessed December 16, 2024.

[15] U.S. Department of Health and Human Services. Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV. September 12, 2024. https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-arv/whats-new. Accessed December 9, 2024.

[16] Drug Database: Cabotegravir/Rilpivirine. HIV.gov. https://clinicalinfo.hiv.gov/en/drugs/cabotegravir-rilpivirine/patient. Accessed December 16, 2024.

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incarcerated individuals who engage in behaviors that increase their likelihood for HIV infection, such as injection drug use, "starting HIV PrEP (or providing linkage to a community clinic for HIV PrEP) for HIV prevention should be considered."[22]

LAI PrEP offers an important prevention option for vulnerable populations like those individuals recently released from incarceration who are experiencing transitions in housing, employment, community, and health care. LAI PrEP is more effective than oral PrEP at preventing new HIV infections, which is driven in part by better adherence rates especially among populations that may have adherence challenges with daily oral PrEP.[23,24] LAI PrEP also may benefit those who fear disclosure of taking PrEP and wish to avoid stigma associated with daily oral pills.

Providing people experiencing incarceration with better access to PrEP, prior to and upon release, could improve racial disparities in HIV incidence. Many communities with the highest rates of HIV incidence face barriers to accessing PrEP. In Minnesota, for example, Black individuals accounted for 37.5 percent of new HIV diagnoses in 2022 but only 7.3 percent of PrEP users in 2023.[25] Making PrEP more available among justice-involved individuals in Minnesota could help reduce these disparities since Black people are disproportionately represented in the Minnesota justice system.[26]

Provide tailored case management and care linkage services for people with HIV

ViiV supports the state's proposal to provide case management services and encourages the state to ensure those services are tailored for people with HIV. This policy would align with the updated Minnesota plan to end HIV/AIDS Goal 3, "Increase retention in care for people living with HIV." While people experiencing incarceration with HIV often have access to HIV treatment and care during incarceration, this care is frequently disrupted following their release.[27] Targeted interventions for HIV and SUD can complement each other and benefit from coordination between correctional and community health systems.[28] Studies demonstrate that medical case management can improve care engagement and treatment adherence.[29,30,31] Case management services can also smooth reentry for people with HIV by helping them navigate the complex US healthcare system.

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For individuals with HIV, ViiV recommends that prior to release an appointment be made for follow up care with a health care provider with experience treating HIV, an HIV-specialized provider,[32] or a Ryan White HIV/AIDS Program provider in their area. Research indicates HIV patients see better outcomes when treated by an experienced HIV provider.[33] Access to providers is important for people with HIV to monitor disease progression, select appropriate treatment, and achieve and maintain viral suppression.[34,35] Studies have shown that providing help with appointment scheduling can improve retention by 84 percent and patient navigation services can improve retention in care by more than double.[36]

One study published in the American Journal of Public Health found that people with HIV who were provided a transitional care plan and connections to health care providers upon their release from city jails were more likely to have better treatment adherence six months after their release as compared to individuals without those services.[37]

Conclusion

ViiV urges DHS to align the efforts of this proposed demonstration with the National Ending the Epidemic HIV Initiative and the updated Minnesota plan to end HIV/AIDS to improve health outcomes for justice-involved individuals reentering their communities who are affected by HIV.

Thank you for considering ViiV's recommendations. Please feel free to contact me directly with any questions.

Sincerely,

Connie M. Jorstad, MPP, MA
Pronouns: She/Her/Hers
Director, Government Relations & Advocacy (Midwest)
ViiV Healthcare
Connie.x.jorstad@viivhealthcare.com

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Minnesota Department of Human Services
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Connie Jorstad, MPP, MA
Director of Government Relations & Advocacy (Midwest)
ViiV HealthCare
7037 S. Stony Island Ave
Chicago, IL 60649

January 9, 2025

Dear Ms. Jorstad,

Thank you for your correspondence dated December 16, 2024, in response to the state's request for comments regarding Minnesota's 1115 Reentry Waiver Application.

If approved by the Centers for Medicare and Medicaid Services (CMS), this Medicaid demonstration will build on the state's broader efforts to support people returning to the community following incarceration. Over time, we expect that these efforts will improve health outcomes and recidivism rates for Minnesotans involved with the justice system.

We appreciate your support for the inclusion of HIV as a qualifying condition for services under the demonstration, and your suggestion to specify that HIV testing is included in the screening benefit. The Minnesota Department of Corrections (DOC) upon admission assesses for serious infections and/or communicable diseases including HIV. Following admission all individuals are offered screening and lab work for communicable diseases. During incarceration individuals can request additional screening during their stay, and staff initiate additional screening where appropriate.

Your letter also suggests providing extended HIV treatment options for people with HIV both prior to and upon release. Inmates initially testing positive for HIV in the facility and those entering the facility who are already receiving care are provided necessary treatment options. Pre-exposure prophylaxis (PrEP) is prescribed during incarceration as well as at release as clinically indicated. All HIV positive patients get a medical social worker assigned prior to release to assure continuity of care in community, and individuals get at minimum a 30-day supply of their medications upon release.

We appreciate the suggestion to provide counseling and access to PrEP prior to and upon release. State law authorizing the demonstration requires participating facilities to provide prescription drug coverage including coverage for PrEP where appropriate. Minnesota will require selected pilot sites to complete readiness assessments to ensure that those sites offer the minimum services defined in state law.

Minnesota looks forward to continued input with the reentry working group, community partners and selected pilot sites regarding next steps and continued improvement in the demonstration. Your comments will be included in the waiver application to CMS. The department will inform stakeholders when the waiver request has been approved or denied by CMS through its web site and email lists. Thank you again for your comments.

Sincerely,

[redacted]

John Connolly
Assistant Commissioner/State Medicaid Director

Cc: Jodi Harpstead,
Nathan Chomilo

December 16, 2004

Minnesota Department of Human Services
Elmer L Anderson Human Services Bldg, Room 2370
540 Cedar Street
St. Paul, MN 55101
Section1115WaiverComments@state.mn.us

RE: *Minnesota Reentry Section 1115 Medicaid Demonstration Waiver Application*

Purfoods LLC, d/b/a/ Mom's Meals ("Mom's Meals"), is a leading provider of fully prepared, refrigerated, medically tailored, home delivered meals. We fundamentally believe that better health should be accessible to all and that nutritious meals are a core component to achieving that goal.

We applaud Minnesota's efforts to ensure that individuals in Minnesota who are transitioning from prison, jail, and correctional facilities have the support they need for a successful reentry into the community in which they live. Additionally, we recommend adding Health Related Social Needs (HRSN) Nutritional Supports and Services, in the form of medically tailored or nutritionally appropriate, home delivered meals and nutritional counseling to the services available to this population. Justice-involved people often have complex and/or chronic conditions, including behavioral health needs, such as mental health and/or substance use disorder.[i] Many Medicaid beneficiaries face challenges related to HRSN, which can be particularly challenging for individuals who were formerly incarcerated as they rebuild their lives in the community.[ii]

According to the latest data, around 600,000 individuals are released from facilities every year and more than two-thirds of those individuals find themselves back in prison, jail, or a correctional facility within three years. When reentry fails, we see more crime, more victims, and more pressure on state and local budgets.[iii] A healthy diet is a key component in one's physical and mental health. Over the years, studies have shown the interconnectedness between nutrition and mental health, and mounting research focuses on how nutrition can improve mental illness.

Research shows that mental health disorders are often associated with the risk, management, progression, and outcome of serious chronic diseases and various health conditions. [iv] Additionally, people who use drugs and alcohol have higher rates of malnutrition, which is the result of changes in appetite and eating habits as well as problems with the absorption and use of nutrients by the body, secondary to substance use.[v] This malnutrition and accompanying nutritional deficiencies, can result in several adverse health effects, including depression, weight loss, immune deficiency, irregular heart rate and body temperature, muscle atrophy and weakness, constipation, cognitive impairment and trouble with mood regulation, which can contribute to resistance to recovery.[vi][vii]

Additionally, pregnant and postpartum individuals, as well as individuals with chronic conditions, benefit from nutrition supports. Medically tailored meal programs are an important component to solving these issues by improving nutrition and reducing health care costs through the management of chronic conditions, and reduction of hospitalization and readmissions. People with chronic conditions who receive home delivered meals experience fewer hospitalizations, and when hospitalized, their length of stay is significantly shorter[viii]. A recent analysis estimated that in addition to net cost savings of $13.6 billion for payers, a national expansion of medically tailored meals for patients with diet-sensitive conditions and activity limitations could help avert 1.6 million hospitalizations annually[ix]. Furthermore, avoidable emergency department (ED) visits cost an estimated $8.3 billion per year, with mental health related avoidable ED visits being the highest driver at $4.6 billion per year[x]. A recent study conducted by the University of North Carolina School of Medicine showed positive results for high healthcare utilizing participants who received medically tailored meal intervention. Specifically, the study reported that over an average of 18 months of follow-up, participants showed a decrease of 70% in emergency department use, a 50% cut in hospitalization rates, and a reduction of $220 in healthcare costs per participant per month.

As such, Mom's Meals recommends adding HRSN Nutritional Supports and Services, in the form of medically tailored or nutritionally appropriate, home delivered meals and nutritional counseling as a post release service to the Minnesota's Reentry Section 1115 Demonstration Waiver Application. Fully prepared, home delivered meals can provide both a direct support to address malnutrition, nutrition deficiencies, chronic conditions, and activity limitations, as well as provide an important indirect support to enhance structure and stability and reduce stress in the lives of people reentering their community.

Please let us know if further discussions around this topic are needed and how Mom's Meals can serve as a resource for developing new and proven supports for the reentry population.

Sincerely,

[redacted]

Paula L. Hopper
Director of Government Affairs & Advocacy
Paula.Hopper@momsmeals.com

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[iv] The Interconnection of Nutrition with Mental and Behavioral Health
[v] The importance of nutrition in aiding recovery from substance use disorders: A review
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DEPARTMENT OF HUMAN SERVICES

Minnesota Department of Human Services
Health Care Administration
540 Cedar Street
PO Box 64983
St Paul, MN 55164-0983

January 9, 2025

Paula L. Hopper
Director of Government Affairs & Advocacy
Mom's Meals
3210 SE Corporate Woods Dr.
Ankeny, Iowa 50021

Dear Ms. Hopper,

Thank you for your correspondence dated December 16, 2024, in response to the state's request for comments regarding Minnesota's 1115 Reentry Waiver Application.

If approved by the Centers for Medicare and Medicaid Services (CMS), this Medicaid demonstration will build on the state's broader efforts to support people returning to the community following incarceration. Over time, we expect that these efforts will improve health outcomes and recidivism rates for Minnesotans involved with the justice system.

We appreciate your support of the demonstration and the recommendation to include nutritional supports and services in the demonstration. State law authorizing the demonstration includes a limited set of services eligible for Medicaid reimbursement prior to release from incarceration. Statute does not currently authorize coverage for nutritional supports and services in the demonstration; however, health services and supports available to people in a correctional facility or to people who are formerly incarcerated in Minnesota may extend beyond the waiver benefits.

Consideration of further services may be added to the waiver contingent on legislative authorization and appropriations. Minnesota looks forward to continued input with the reentry working group, community partners and selected pilot sites regarding next steps and continued improvement in the demonstration. Your comments will be included in the waiver application to CMS. The department will inform stakeholders when the waiver request has been approved or denied by CMS through its web site and email lists. Thank you again for your comments.

Sincerely,

[redacted]

John Connolly
Assistant Commissioner for Health Care

CC: Jodi Harpstead, Commissioner
Nathan Chomilo

Dear Dr. Chomilo,

We are grateful Minnesota is pursuing an 1115 Reentry Waiver to support Medicaid coverage for individuals during the last 90 days of their incarceration, we write today with recommendations and to offer our support in advancing this application. This change in eligibility and Medicaid coverage will save the lives of Minnesotans, especially those challenged by substance use disorder and mental health issues.

Hennepin Healthcare System is contracted to provide the medical care to patients currently residing in the Hennepin County Jail. We are appreciative to the MN Department of Human Services for their commitment and partnership to improving how we provide care for this marginalized population. We respectfully submit the following recommendations in advance of the submission of the 1115 Reentry waiver to CMS.

1. **Make availability of a variety of medications of SUDs a criterion for determining facility readiness:** The plan put forward by DHS states that participating correctional facilities will need to assure that "demonstration services are available." In CMS's letter to State Medicaid Directors, they acknowledge that currently not all facilities provide medication assisted treatment (MAT) for SUDs, and of those that do provide MAT, many provide a small variety that limit treatment options for patients.
    a. **Require buprenorphine and/or methadone for the treatment of Opioid Use Disorder (OUD):** Of the three available medications for treating opioid use disorder (MOUD), buprenorphine, methadone, and naltrexone, only buprenorphine and methadone prevent symptoms of withdrawal. The National Commission on Correctional Health has stated that incarcerated individuals "should not be forced to undergo withdrawal," and for patients with OUDs,[1] that means they must be given the option to receive buprenorphine or methadone. CMS states that state Medicaid programs should encourage facilities to offer all FDA approved MOUDs. It is our position Minnesota should take this one step further and require the availability of these medications in order for a facility to participate.
    b. **Cover nicotine replacement therapy (NRT) for patients with a diagnosed tobacco/nicotine dependence disorder**: Nicotine/tobacco dependence is a commonly overlooked substance use disorder in correctional health, despite smoking rates among people with criminal justice involvement is 125% higher than the general public,[2,3] contributing to excess morbidity and mortality. Smoking cessation treatment, and specifically the provision of NRT (e.g., nicotine lozenges, nasal sprays) can help decrease nicotine withdrawal symptoms during periods of incarceration and can help people maintain smoking abstinence when released to the community. We request inclusion of coverage for NRT, and DHS should encourage correctional facilities to provide these medications.

Contact: tyler.winkelman@hcmed.org | m 612-910-7663

2. **Increase the number of facilities over time:** Minnesota has an advanced healthcare system and the number of facilities eligible for this opportunity is substantially lower than in other states with less infrastructure. In the midst of an overdose crisis, failing to expand access will result in excess and unnecessary deaths after release.
3. **Include measures of equity for all goals:** DHS lists three primary goals for Minnesota's 1115 Reentry Waiver: 1) provide access to medical coverage prior to release, 2) enhance reentry care coordination and community-based service, and 3) reduce overdose death following release. We recommend disaggregating data for all three goals to evaluate equity impacts, currently only the second goals will be evaluated.
4. **Ensure coordination between DHS and other state agencies responsible for housing and employment.** Minnesota has a robust homeless services and housing system managed by collaboration between state and local government. The 1115 Reentry Waiver should include requirements for coordination by and input from Minnesota Housing as well as the Minnesota Interagency Council on Homelessness. Medicaid funds should include adequate board and lodge fees for people exiting incarceration and emphasis on supportive and transitional housing programs to connect to clinical sites offering MOUD either on-site or within nearby health clinics or systems within established collaborative relationships.
5. **Add suicide prevention as a key goal.** In addition to overdose deaths, suicide is very common after release from jail.[4] A goal of providing mental health treatment during and after incarceration should be to reduce suicide deaths.
6. **Allow for continuous Medicaid coverage based on median length of stay.** In facilities with median lengths of stay shorter than 30 days, allow continuous Medicaid eligibility. Nearly all individuals are incarcerated fewer than 90 days in these facilities and turning off Medicaid for individuals with stays longer than 90 days will introduce unnecessary bureaucratic hurdles and increase total costs.
7. **Require participating facilities to document reinvestment of funds previous allocated to correctional health into additional health programs.** One goal of the waiver is to increase healthcare funding, not offset budgets with Medicaid dollars. Participating sites should document how they are reinvesting in healthcare.

The 1115 Reentry Demonstration Waiver is a historic opportunity to provide healthcare and care coordination services for a population that has been excluded from Medicaid from its inception. We support the MN DHS in the 1115 Waiver application, and are eager to partner and be supportive to advance this application.

Sincerely,

Tyler Winkelman MD, MSc
Division Director, General Internal Medicine, Hennepin Healthcare
Co-Director, Health, Homelessness, and Criminal Justice Lab, HHRI

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References

1. Opioid Use Disorder Treatment in Correctional Settings (2021). National Commission on Correctional Health Care. Accessed December 20, 2024. https://www.ncchc.org/position-statements/opioid-use-disorder-treatment-in-correctional-settings-2021/

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4. Hill K, Bodurtha PJ, Winkelman TNA, Howell BA. Postrelease Risk of Overdose and All-Cause Death Among Persons Released From Jail or Prison: Minnesota, March 2020–December 202. Published online 2024.

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Minnesota Department of Human Services
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January 9, 2025

Dr. Tyler Winkelman, MSC
Division Director of Health, Homelessness & Criminal Justice Lab
Hennepin Healthcare
701 Park Avenue, S6. 107
Minneapolis, MN 55415

Dear Dr. Winkelman,

Thank you for your correspondence dated December 20, 2024, in response to the state's request for comments regarding Minnesota's 1115 Reentry Waiver Application.

If approved by the Centers for Medicare and Medicaid Services (CMS), this Medicaid demonstration will build on the state's broader efforts to support people returning to the community following incarceration. Over time, we expect that these efforts will improve health outcomes and recidivism rates for Minnesotans involved with the justice system.

We appreciate your support of the demonstration and the recommendations detailed in your letter. You reiterate concerns expressed by CMS regarding the availability of medications for the treatment of opioid use disorder and tobacco/nicotine dependance disorder and recommend that Minnesota require the availability of buprenorphine and methadone for facilities participating in the demonstration. You also request the demonstration include coverage of nicotine replacement therapy.

State law authorizing the demonstration requires that all sites provide prescription drug coverage which includes buprenorphine and nicotine replacement therapies. However, statute does not authorize coverage for methadone under the demonstration. DHS is aware of counties providing methadone through contracts with private clinicians or community-based providers using the Substance Abuse and Mental Health Services Administration (SAMHSA) Opioid Treatment Program (OTP) exception request process to provide this medication in their facilities. DHS will collaborate with the Reentry Services Working Group to establish best practices within selected demonstration pilot sites and consider recommendations for future legislative language to address access to all FDA approved medication for opioid use disorder (MOUD).

Your letter also encourages the state to expand the number of correctional facilities participating in the demonstration over time. State law currently authorizes coverage in up to ten facilities. The Department and its correctional partners appreciate this suggestion and will consider recommendations to the legislature for future expansion following implementation.

Thank you for the suggestion to include measures of equity for all the stated goals of the demonstration. The department is required to submit a Monitoring Protocol 150 days after demonstration approval and a draft evaluation design plan (EDP) to CMS 180 days after demonstration approval. Identification of Minnesota's

Reentry Demonstration Waiver goals, objectives and metrics will be addressed during the development of these CMS required deliverables and will include an assessment of existing disparities, setting of disparity reduction goals, and tracking of equity impacts.

Your letter also recommends that the demonstration require participating facilities to coordinate between DHS and other state agencies responsible for housing and employment. The demonstration does require case management activities to address physical and behavioral health needs, including a comprehensive assessment of individual needs, development of a person-centered care plan, referrals, and other activities to address assessed needs including monitoring and follow-up activities. DHS will take this recommendation under consideration to ensure case management services address individual needs of the beneficiary through collaboration with the reentry working group and selected pilot sites during the implementation planning phase.

We appreciate your suggestion to add suicide prevention as a key goal under the demonstration. DHS will take this recommendation under consideration while meeting with the working group and selected pilot sites during the implementation planning phase as well as in the development of the Monitoring Protocol and EDP.

Thank you for your concern regarding Medicaid eligibility for individuals in facilities with median lengths of stay of less than 30 days. We appreciate the suggestion to seek authority to cover services for longer than the 90-day pre-release period detailed in state law. Federal guidance on the demonstration and current state law limit coverage under the demonstration to services provided within 90 days of release.

We appreciate the recommendation that participating facilities document reinvestment of funds previously allocated to correctional health into additional health programs. DHS is required to submit a reinvestment plan within 6 months of approval of their 1115 reentry application and provide CMS detailed reporting regarding the required new investments. DHS will work with the reentry working group and selected pilot sites on reinvestment planning.

Your comments will be included in the waiver application to CMS. The department will inform stakeholders when the waiver request has been approved or denied by CMS through its web site and email lists. Thank you again for your comments.

Sincerely,

[redacted]

John Connolly
Assistant Commissioner for Health Care

[redacted]

Nathan Tseboh Chomilo, MD, FAAP, FACP
Minnesota Medicaid Medical Director

CC: Jodi Harpstead

ucare

December 26, 2024

Minnesota Department of Human Services
Federal Relations – Medicaid 1115 Waiver
P.O. Box 64967
Saint Paul, MN 55164-0967

Subject: Public Comment on 1115 Reentry Demonstration Waiver

UCare is an independent, nonprofit health plan providing health care and administrative services to approximately 600,000 members throughout Minnesota. UCare partners with health care providers, counties, and community organizations to create and deliver Medicaid, Medicare, and Individual & Family health plans. We address health care disparities and care access issues through a broad array of community initiatives.

The 1115 Reentry Demonstration Waiver application submitted by the Minnesota Department of Human Services (DHS) will have many benefits from reducing recidivism, to easing transitions back into the community, and providing much-needed support to people with substance use disorders. UCare appreciates DHS noting Medicaid Managed Care Organizations (MCOs) as partners in this effort, and UCare is committed to working with DHS to ensure individuals receive the support and services to help them succeed after release.

As noted by others at the public comment hearing, UCare agrees this is an opportunity to standardize Medicaid-eligibility and enrollment post-incarceration statewide, as well as provide a smooth transition of health care to Medicaid fee-for-service (and, for many, ultimately to Medicaid managed care). UCare looks forward to hearing more detail on the implementation plan and determining how we can support DHS regarding data sharing between all parties.

Thank you for this opportunity to comment.

Sincerely,

[redacted]

Marie Zimmerman
Executive Vice President and Chief Strategy Officer

Minnesota
Medical Assistance
Fiscal Analysis of a Proposal to Apply for an 1115 Medicaid Waiver to Cover Limited Services for Incarcerated Invidividuals Within 90 Days of Release

Projected Enrollment in Prisons

	All 10 Prisons	FRB Stillwater Shakopee Subset
Prison population 7/18/2024	7,288	3,509
Proportion released within 90 days	12.3%	13.0%
Proportion released within 90 days = Potential enrollees in program per month	893	457
Potential enrollees per month starting January 2026	457	
Potential additional enrollees per month starting January 2028 (increase to 100% of the total)	436	
Assumed rate of enrollment in program	50.0%	

	Monthly	Annualized
Projected enrollees per month in Jan. 2026 group	229	2,742
Projected enrollees per month in Jan. 2028 group	217	2,604
Total projected enrollees for both groups	446	5,346

Projected Monthly Cost per in Prisons

We assume the bulk of the cost for this program will be for mental health and SUD (substance use disorder)

treatment. We start from the average cost per prisoner per month for these services in the State prison system in SFY 2023:

Total costs for mental health, SUD, and related pharmacy		$ 23,427,650
Divided by 7173 (Sept. 2023 pop.) and by 12:		$ 272.17
Add 25% for SUD medically assisted treatment		$ 68.04
Add 25% for other added behavioral health services		$ 68.04
Add $125 (PMPM) for added pharmacy costs		$ 125.00
Add $75 (PMPM) for health screenings and family planning		$ 75.00
Adjusted total		$ 608.26
Add trend from FY 2023 to CY 2026 @	3.0%	$ 674.56
Projected CY 2026 PMPM for potential program enrollees		$ 674.56

Assume that those who do not enroll would account for minimal costs if they did enroll, so that the PMPM for the enrollee population increases in inverse proportion to the non-enrollment proportion. So if 50% enroll, the PMPM for the enrollees is doubled.

Enrollment rate	50.0%
Projected CY 2026 PMPM for program enrollees	$ 1,349.12

For comparison, current MA costs for a person receiving outpatient treatment are around $500 for mental health and around $1000 for SUD treatment (exclusive of costs for MAT).

Projected Enrollment in Jails

Statewide point-in-time jail population	4,295

Practically all are within 90 days of release = Potential enrollees in program per month	4,295	
Assumed proportion of total beginning July 2026 if program is limited to five local correctional facilities	40.0%	
Assumed added proportion beginning July 2028	50.0%	
Potential enrollees per month starting July 2026	1,718	
Potential additional enrollees per month starting July 2028	2,148	
Assumed rate of enrollment in program	50.0%	

	Monthly	Annualized
Projected enrollees per month in July 2026 group	859	10,308
Projected enrollees per month in July 2028 group	1,074	12,888
Total projected enrollees for both groups	1,933	23,196

DY 1 enrollee months = 50% of July 2026 group's annualized value.
DY 3 enrollee months = July 2026 group's annualized value plus 50% of the July 2028 group's annualized value.

Projected Monthly Cost per in Jails

Assumed ratio of PMPM for potential enrollees in Jail population to PMPM for prison population:	75.0%	
Projected CY 2026 PMPM for potential program enrollees	$	505.92

We assume that those who do not enroll would account for minimal costs if they did enroll, so that the PMPM for the enrollee population

increases in inverse proportion to the non-enrollment proportion.
So if 50% enroll, the PMPM for the enrollees is doubled.

Enrollment rate	50.0%
Projected CY 2026 PMPM for program enrollees	$ 1,011.84

Projected Rate of Federal Participation in Waiver Payments

We assume that waiver payments are those payments for in-custody services which would not qualify for federal matching in the absence of the requested waiver.

We assume that two different rates of Medicaid participation will apply:

Non-disabled adults between the ages of 21 and 65 who are not the custodial parents of minor children (= MA adults with no children) will get service costs matched at 90%.

All others will get costs matched at Minnesota's Federal Medical Assistance Percentage (FMAP), which changes slightly for each federal fiscal year. This rate is 50.68% for FFY 2026 (effective October 1, 2025) and is assumed to remain the same (because future changes are unknown).

A different blend of these two rates is assumed for the prison population vs. the jail population. The prison population is assumed to be differentiated only by age less than 21 or 65+, with 90% assumed to qualify 90% matching. Of the jail population, 40% are assumed to have custodial parent status, and so 60% of that population projected to qualify the 90% federal match.
The blended rates are as follows:

		Prison Population	Jail Population
Matched at	90.00%	90.00%	60.00%
Matched at	50.68%	10.00%	40.00%
Blended rate		86.07%	74.27%

PRISONS: Waiver Participant Months & Costs					
	Enrollee Months	Unique Persons (Months / 3)	PMPM	Incurred Costs	PMPM Trend
CY 2026	2,742	914	$ 1,349.12	$ 3,699,284	3.00%
CY 2027	2,742	914	$ 1,389.59	$ 3,810,256	3.00%
CY 2028	5,346	1,782	$ 1,431.28	$ 7,651,623	3.00%
CY 2029	5,346	1,782	$ 1,474.22	$ 7,881,180	3.00%
CY 2030	5,346	1,782	$ 1,518.45	$ 8,117,634	3.00%

JAILS: Waiver Participant Months & Costs					
	Enrollee Months	Unique Persons (Months / 2)	PMPM	Incurred Costs	PMPM Trend
CY 2026	5,154	2,577	$ 1,011.84	$ 5,215,020	3.00%
CY 2027	10,308	5,154	$ 1,042.19	$ 10,742,895	3.00%
CY 2028	16,752	8,376	$ 1,073.46	$ 17,982,602	3.00%
CY 2029	23,196	11,598	$ 1,105.66	$ 25,646,889	3.00%
CY 2030	23,196	11,598	$ 1,138.83	$ 26,416,301	3.00%

TOTAL PROGRAM: Waiver Participant Months & Costs				
Enrollee Months	Unique Persons	PMPM	Incurred Costs	

FY 2026	7,896	3,491	$ 1,128.96	$ 8,914,304
FY 2027	13,050	6,068	$ 1,115.18	$ 14,553,150
FY 2028	22,098	10,158	$ 1,160.02	$ 25,634,225
FY 2029	28,542	13,380	$ 1,174.69	$ 33,528,069
FY 2030	28,542	13,380	$ 1,209.93	$ 34,533,934
FY 2031	-	-	#DIV/0!	$ -